# 200 Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting



**Includes Guidelines for Managing Life-Threatening Food Allergies** 

**Tennessee Department of Health and Tennessee Department of Education** 

# Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting

# Guidelines for Managing Life-Threatening Food Allergies

January, 2007

# **Table of Contents**

Guidelines For Use of Health Care Professionals and Health Care Procedures in a School Setting
Introduction1
Personnel
Definitions5
Health Care Procedures
Self Administration of Medications
Commonly Asked Questions22
Guidelines for Managing Life-Threatening Food Allergies in Tennessee Schools30  Overview and Introduction
Personnel for Management of Food Allergies

Students with Life-Threatening Allergies	
Parent/Guardian	
School Nurses	
School Administrator	
Classroom Teacher	
Guidance Counselor	
Food Service Manager	
Coaches and Extracurricular Staff	
School Bus Company	
Emergency Allergy Response Plan	40
Education and Training Requirements	
Record-Keeping/Documentation Requirements	
Development of IHCP with Allergy Action Plan	
Communication Strategies	
Evaluation	
Special Challenges	
Food Allergy Definitions	44
Procedure for Administration of Epinephrine	47
Responding to Life-Threatening Allergic Reactions	
Timely Accessibility of Epi-Pen	
Procedure for Extracurricular Programs/Field Trips	
Instructions and Care of the EpiPen	
Commonly Asked Food Allergy Questions	51
Recommendations for All School Districts/LEA	54
Federal and State Legislation	56
References/Acknowledgements/Web Resources	64
Annendix	71

# Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting

**Tennessee Department of Health and Tennessee Department of Education** 

# Introduction

The purpose of administering medications and health care procedures in school is to help each child maintain an optimal state of health to enhance his or her education. Medications should be limited to those required during school hours and necessary to provide the student access to the educational program. The intent of the guidelines is to reduce the number of medications given in school, yet assure the safe administration of medications for those students who require them. Nothing in the guidelines requires schools to assist students with self-administration of medications or procedures. However, any school which provides such assistance is required to follow these guidelines.

The guidelines also provide information for administering the increasing number of medical and nursing procedures that are performed in the school setting. The guidelines specifically address the role of unlicensed personnel in the school setting in regard to the assistance of students in the self-administration of medications and student assistance with other medical/nursing procedures.

- 1996 Guidelines were initially approved by the Tennessee Board of Nursing and the State Board of Education for implementation during the 1996-97 school year. The guidelines provide information for compliance with Tennessee Code Annotated Section 49-5-415 that requires certain health care procedures, including the administration of medications during the school day or at related events, to be performed by appropriately licensed health care professionals.
- 2002 Tennessee Code Annotated Section 49-5-415 (b) was amended to allow "...school personnel who volunteer under no duress or pressure and who have been properly trained by a registered nurse" to administer Glucagon in the event of a diabetic emergency in the absence of the school nurse. The guidelines were revised to address this change in law and to provide further clarification for medical and nursing procedures performed in the school setting.
- 2004 In June 2004, Tennessee Code Annotated Section 49-5-415 was amended to "permit possession and self-administration of a prescribed, metered dosage, asthma-reliever inhaler by any asthmatic student..;" Tennessee Code Annotated Section 49-5-415 was amended to "permit school personnel to volunteer to assist with the care of students with diabetes, excluding the administration of insulin;" and Tennessee Code Annotated Section 49-5-414 and Section 49-3-359 were amended so that each public school nurse employed or contracted by an LEA will maintain current CPR certification consistent with the guidelines of the American Heart Association. Public

Chapter 707 (T.C.A. 49-6-5 and 63) authorizes health care professionals to indicate the need for a dental or vision screening on any report or form used in relationship to reporting immunization status for a child. Health care professionals shall provide a copy of such report or form to the parents or guardians indicating the need to seek appropriate follow up.

The intent of the guidelines is to give direction to local school systems to adhere to state law. The guidelines have been written according to national recognized standards established by the National Association of School Nurses and the National Council of State Boards of Nursing, and in accordance with the "Tennessee Nurse Practice Act."

School systems, both public and non-public, are required to provide data on an annual basis related to the self-administration of medications and health care procedures including the administration of medications. This report also includes other school health information and is required at the end of each school year and must be submitted on a form designed by the Departments of Health and Education. The Department of Education will distribute this form each year to both public and non-public school systems.

# Personnel

Health and education organizations and professionals use different vocabularies. To assure an understanding of the roles of health care professionals, brief role definitions are outlined below followed by a listing of related definitions.

### **Licensed Health Care Professionals**

**Advanced Practice Nurse (APN)** A nurse who has a Master of Science in Nursing [MSN] and is certified by a national certification board. As an Advance Practice Nurse, they can diagnose, prescribe treatments, diagnostics, and medications. There are specialty areas of certification that include Family Nurse Practitioner, Pediatric Nurse Practitioner, and School Nurse Practitioner.

**Registered Nurse (RN)** A nurse licensed to practice in Tennessee who has successfully passed the national licensure examination for Registered Nurses after completing a Board of Nursing approved program leading to an Associate, Baccalaureate, or Master's degree in nursing or a 3-year diploma hospital-based program. The RN is the primary professional who will coordinate health services in the school setting.

**Licensed Practical Nurse (LPN)** A nurse trained in basic nursing techniques and direct patient care who assists and practices under the direction or supervision of the Registered Nurse per the "Tennessee Nurse Practice Act." The educational background of an LPN is generally one year of training in a hospital-based program or technology center program. An LPN works under the direction of an RN in providing health services in the school. The LPN must receive periodic, on-site supervision by an appropriately licensed health care provider (RN, MD, DO, dentist).

# **Ancillary Personnel**

Ancillary personnel must complete appropriate training provided by appropriate health care professionals (RN, MD, DO, dentist) and must have continued supervision by appropriately licensed health care professionals (RN, MD, DO, dentist).

**Unlicensed Assistive Personnel (UAP)** Any individual not holding a license from the Health Related Boards. An unlicensed individual who is trained to function in an assistive role to the Registered Nurse in the provision of student-related activities or responsibilities. This person is not licensed or governed by a Health Regulatory Board. According to TCA Section 49-5-415, unlicensed assistive personnel may only assist students in the self-administration of medications or standby to assist students

to do their health care procedure based on the assessment and direction of the Registered Nurse.

**Certified Nursing Assistant (CNA)** CNAs are not licensed health care professionals. Although they may assist students in some areas, they do not satisfy legal requirements for licensed health care professionals.

# **Definitions**

**Accountability:** As used in this document, being responsible and answerable for actions or inactions of self or others.

**Allergic Reaction:** A life-threatening allergic reaction to a foreign substance is called anaphylaxis. School persons must respond immediately.

Assessment of Health: The systematic collection and analysis of information or data about an individual's health situation to determine the individual's general state of health, patterns of functioning, and the need for health services, counseling, and education; a licensed function of physicians and nurses. Health assessments of students by school nurses include data collection, data analysis, and the identification of relevant nursing diagnoses in order to plan interventions and accommodations, make appropriate referrals and collaborate with others (e.g. with families, educators, and health care providers) to promote students' health and learning. (Schwab, 2001, p. 613.)

**Assisted Administration:** Assisting a student in the self-ingestion, application, injection, or inhalation of medication according to directions of the legal prescriber, or monitoring the self-administration of medication.

**Authorized Medication:** Prescription or non-prescription drugs for which the parent or guardian has submitted a written request for administration.

**Blood Glucose Monitoring:** Blood glucose is essential for the body to function. Blood sugar testing may be ordered to check the blood sugar level. Low blood glucose can become life-threatening and needs appropriate treatment.

**Catheterization, Clean Intermittent:** Some students have medical conditions that impair bladder control. A flexible, thin tube is inserted into the bladder in order to drain the urine. Catheterizations must be performed using appropriate clean technique, several times a day. For children who require that the catheterization be done by school personnel, the "Tennessee Nurse Practice Act" requires that this be done by a licensed person, either LPN or RN.

**Competent:** A student who possesses the cognitive ability for self-administration of his/her own medications, regardless of physical capabilities.

**DNR:** Do Not Resuscitate. All DNR requests should be referred to school system administrators and attorneys.

**Delegation:** (Nursing). The transfer to a competent individual of the authority to perform a selected nursing activity in a selected situation, with the nurse retaining accountability for the outcome. Nursing delegation is governed by the nurse practice act and rules and regulations of the state board of nursing. (Schwab, 2001).

**Emergency:** A serious situation that arises suddenly and threatens the life, limb, or welfare of one or more persons; a crisis. An emergency creates a type of implied consent when the individual is unable to consent to treatment that is immediately necessary. (Schwab, 2001)

**Epi-Pen:** A syringe pre-filled with a medication called Epinephrine that is ordered by a doctor to treat life-threatening allergic reactions. It relaxes the airway muscles and raises blood pressure.

**Gastrostomy:** A surgical opening through the surface of the abdomen into the stomach. A flexible tube (G-tube) or "T" shaped device (G-button) is inserted into the surgical opening to provide nutrition, hydration, or medication. This method is used to bypass the usual route of feeding by mouth when there is obstruction in the esophagus and swallowing is impaired, and/or the student is at risk for choking or is unable to take in enough food by mouth to obtain adequate nutrition.

**Glucagon:** A polypeptide hormone identical to human glucagon that increases blood glucose by stimulating the liver to release glucose and amino acid (alanine) from the muscles. Glucagon can be administered by injection in the case of a diabetic, hypoglycemic emergency.

**Health Care Professional:** An individual with specialized educational preparation, knowledge, and skill who is licensed under state statute to provide specific health care services to clients, such as a nurse, physician, occupational and physical therapist, speech language pathologist, clinical physiologist and social worker. (Schwab, 2001)

**Health Care Procedure:** Related to TCA Section 49-5-415, defined as any clinical activity or task performed by a licensed health care professional who is deemed competent and who practices within the boundaries of a regulatory board for the well-being of a student as prescribed by a licensed health care provider (MD, NP, DO, dentist, PA).

**Herbal Supplement:** In the United States, herbal products are marketed under the provisions of the Dietary Supplement and Herbal Education Act of 1994. This act prohibits their sale for diagnosis, treatment, cure, or prevention of any disease. Currently in the U.S. there are no official standards governing the production of herbal supplements.

**IDEA:** Individuals with Disabilities Education Act of 1997 (PL 105-17) 20 USC 1400 et.ceq. A federal law that provides funds to states to support special education and related services for children with disabilities, administered by the Office of Special Education Programs in the U.S. Department of Education.

**IEP:** Individualized Education Plan that is "...a written statement for a child with a disability that is developed and implemented in accordance with [34 C.F.R.] §§ 300.341300.350." It is developed through a collaborative process with the child's parent(s)/guardian and an interdisciplinary team in the child's school.

**Individual Health Plan (IHP):** A health care plan developed by a Registered Nurse for children with acute or chronic health issues. Parents and other health care providers involved with the child participate in the development/approval of the plan.

**Invasive:** Penetration of a deep body tissue or organ.

**Licensure:** Permission by a competent government agency - in Tennessee that agency is Health Related Boards - or authority to an organization or individual to engage in a practice or activity, granted on the basis of education and examination.

**Licensed Practical Nurse (LPN):** An individual, licensed in the state of Tennessee, who has preparation in and an understanding of nursing but does not have the same degree of education and preparation as required of a Registered Nurse. The LPN carries out medical orders prescribed by a physician, nurse practitioner, or dentist under the direction of a Registered Nurse or nurse practitioner, physician, or dentist.

**Nurse Practice Act:** A statute enacted by the legislature of a state and the Administrative Rules and Regulations that delineates the legal scope of the practice of nursing within the geographical boundaries of the jurisdiction.

**Nursing Assessment:** The first step in the nursing process where important subjective and objective information is collected, organized, analyzed, and measured against usual outcomes.

**Licensed Prescriber:** As used in this document, refers to physicians, medical doctor (M.D.) and doctor of osteopathy (D.O.), dentists, podiatrists, and certified nurse practitioners legally authorized to prescribe medications.

**Long-term Medication:** Medication utilized for treatment of chronic illness and includes both daily and PRN (as needed) medication.

**Medical Management Plan:** (See IHP) Completed by the student's parents/guardian and personal health care team and can be used as the basis for developing education plans and nursing care plans for students with diabetes. See Resource List for publication "Helping the Student with Diabetes Succeed – A Guide for School Personnel" which includes a sample Diabetes Management Plan, pgs. 49-54.

**Medication:** Drug. Any substance that when taken into a living organism, may modify one or more of its functions; any medicine or preparation for internal or external use of humans, intended to be used for the cure, mitigation, or prevention of diseases or abnormalities of humans, which are recognized in any published United States Pharmacopoeia or National Formulary, other otherwise established as a drug; includes prescription and non-prescription medication. (Schwab, 2001)

**Non-prescription Drugs:** Medications which may be obtained over the counter without a prescription from a licensed provider.

**Occupational Therapist:** A person certified by the state of Tennessee to practice occupational therapy. [TCA 63-13-102]

**Parental Consent:** Written consent from a parent/guardian that is required before a student can be administered medication or be a recipient of health care procedures in the school setting. Health care procedures also require an order from the student's health care provider.

**Physician's Desk Reference (PDR):** A drug reference book published by Medical Economics Company with information from participating drug manufacturers. The information is an exact copy of the product's government approved labeling based on the Code of Federal Regulations 201.100(d)(1).

**Physician's Orders:** Statements written by a student's physician/health care provider which direct the medical care at school. The orders are valid for one year unless changed or time-limited by a physician. Nurse practitioners, dentists, or physician assistants may also write orders for some children. The physician's order gives school systems permission to carry out a procedure in the school setting but does not meet the criteria for LPN supervision as defined in the Nurse Practice Act.

**Physical Therapist:** A person licensed in the state of Tennessee to practice physical therapy. [TCA 63-13-102]

**Prescription drugs:** Medications requiring a written order for dispensing, signed by a licensed prescriber.

**Procedure:** In health care, a specific treatment; in law, the administrative requirements in legal proceedings. (Schwab, 2001)

**Protocol:** A written outline of direction relative to standards of practice for a health condition or health care procedure.

**Qualified:** Ability to competently demonstrate the use of equipment and performance of procedures necessary to provide health care services that are specialized. The level of competence for a Registered Nurse is established by professional standards of nursing practice and agency guidelines.

**Registered Nurse (RN):** A professional nurse, licensed by the state of Tennessee, who performs "...for compensation any act requiring substantial specialized judgment and skill based on knowledge of the natural, behavioral, and nursing sciences, and the humanities, as the basis for application of the nursing process in wellness and illness care." [TCA 63-7- 103]

**Research Medications:** Medications that are experimental and not in the Physician's Desk Reference (PDR) but may be prescribed for a child as part of participation in a research study.

**Respiratory Therapist:** Any person, licensed by the state of Tennessee, who is employed to engage in the "...practice of respiratory care under the order of a licensed physician who functions in situations of unsupervised patient contact requiring individual judgment." [TCA 63-6-402]

**School Nurse:** A professionally educated Registered Nurse whose role it is to strengthen and facilitate the educational process by improving and protecting the health status of the students.

**Scope of Practice:** The legal boundaries of the nursing profession as set out in the Nurse Practice Act, outlined in TCA 63-7-101 through 209, and the Administrative Rules of the Tennessee Board of Nursing.

**Section 504 of the Rehabilitation Act of 1973:** Protects against the discrimination of people with disabilities. This applies only to schools that receive any type of federal funding.

**Self-Administration:** The ingestion, application, injection, or inhalation of his/her own medication by a student in school OR in the case of a physically challenged student, student-directed administration by a designated individual.

**Stable:** A health condition which has remained unchanged for the past four weeks and is expected to remain so OR a self-limiting health condition which is expected to resolve in four weeks or less.

**Standards of Care:** The acceptable level of nursing care that is established by a professional practice organization within the boundaries of the Nurse Practice Act.

**Standardized Procedures:** The minimum safe standards of practice utilized in basic and specialized health care procedures.

**Suctioning, Oral:** A means of clearing the mouth/buccal cavity of mucus or secretions through the use of a vacuum device through the mouth. This is performed when a student is unable to adequately clear secretions on their own. This can be performed by anyone who has been trained in the appropriate procedure for the child.

**Suctioning, Tracheal:** A means of clearing the airway of mucus or secretions through the use of a vacuum device, such as a yankaner, through the tracheotomy. This is performed when a student is unable to adequately clear secretions on their own. Only a licensed health care professional may perform tracheal suctioning.

**Tracheostomy:** A surgical opening into the trachea (windpipe) in the neck to allow the passage of air into the lungs.

**Training:** The preparation for the performance of health care procedures.

**Technology Dependent:** The need for a medical device that compensates for the loss of body functions that are vital, which require on-going nursing care or monitoring by trained personnel to avert death or further disability.

**Universal Precautions:** General barrier techniques designed to reduce exposure of personnel to body fluids containing the human immunodeficiency virus or other blood borne pathogens. Schools systems must provide annual training to all staff members.

# **Health Care Procedures**

In health care, a procedure is a specific treatment. School nursing staff and any other school personnel, including transportation personnel, who perform or assist with procedures which may involve blood borne pathogens, must receive annual training on blood borne pathogens; be offered Hepatitis B vaccine; have appropriate cleaning supplies, and be supplied with personal protective equipment needed. Exam quality, non-latex, powder-free gloves must also be available for students or staff with a known or potential sensitivity to latex.

Any child with acute or chronic health issues should have a health assessment completed by a Registered Nurse. As warranted by the child's condition or diagnosis, an individual health plan (IHP) will be completed by the registered nurse. Per T.C.A. 49-5-415, any health care procedure a student is not capable or competent to perform must be performed by a licensed health care professional. Documentation of procedure must conform to standard nursing guidelines and include the name of the procedure, name of the person performing the procedure, date, time, results of the procedure or the reason procedure was omitted. A physician's orders and parental authorization are required for any health care procedures performed by a licensed health care professional in the school setting.

Most activities of daily living do not require documentation. However, unusual occurrences or special circumstances require notification to the school nurse and/or documentation.

**Activities of Daily Living:** Those activities that are commonly deemed to be activities of daily living (ADL) do not need to be performed by a licensed health care professional. Activities that can be performed by unlicensed assistive personnel or a teaching assistant may include but are not limited to:

- Toileting
- Positioning
- Bathing
- Application and removal of protective and supportive devices
- Diapering
- Recording intake and output
- Dressing
- Vital signs
- Feeding
- Transferring

In general, nursing assessment, physician's orders and parental authorization are not needed for ADL's, although some of the listed items may require a check off or competency evaluation by a registered nurse or therapist.

**Common Emergencies:** The following conditions may require first aid and/or immediate emergency care provided by a school staff person. Examples of conditions and school staff interventions may include but are not limited to:

- Seizures: vagal nerve simulator magnet, emergency seizure protocol
- Bleeding: pressure to site, elevation, shock prevention
- Heat/cold emergency: application of blanket ice pack
- Cardiac arrest: CPR, activate EMS

- Respiratory distress: reliever inhaler, assisted nebulizer treatment, rescue breathing
- Choking: Heimliech maneuver
- Fainting: protect from injury, elevated feet
- Major Trauma: activate EMS, airway management
- Hypoglycemic emergency: Glucagon injection if training completed
- Allergic reaction: Epi Pen if training completed

School personnel must respond appropriately in any emergency situation. Many children with known health problems or certain diagnoses should have an Individual health plan (IHP) that includes emergency care procedures, a nursing assessment, physician's orders, and parental authorization. In addition, it is recommended that the school protocol include parental or guardian notification, school nurse notification, and activation of EMS as appropriate for any emergency situation.

Procedures Done by Students without Assistance: If a student has been taught to perform his/her own procedure and does not need assistance, space must be made available for the student to perform this task. If a student is performing an invasive procedure, that student should have a minimal bi-annual nursing assessment of competency and proficiency as well as an IHP. Physician's orders and parental authorization are highly recommended but are not required for procedures done by a student without assistance. It is not the intent to make a child or adolescent feel the school system or school nurse is attempting to remove personal choice or ability to manage medications or procedures. Every attempt should be made on an individual basis to allow a child who is independent to continue self-management. It is prudent for the student and the nurse to work out a method of reporting or asking for assistance on an as needed basis.

**Procedures Done by Students with Assistance:** An IHP that includes a nursing assessment, physician's orders, and parental authorization are required. The nursing assessment will determine whether or not unlicensed assistive personnel (UAP) can assist the student.

Other Health Care Procedures: Health care procedures must be performed by licensed health care professionals. Although nurses can legally perform procedures, there are new procedures and equipment being utilized daily that may be unfamiliar to the nurse in the school setting. As part of the nurse's job responsibility and as appropriate, the nurse may need specific orientation or training regarding a procedure or equipment in the school setting.

**Exemptions by Law:** Tennessee law permits certain emergency procedures to be performed by school personnel with appropriate training. Those laws include:

# Epinephrine

T.C.A. 68-140-510 training for Epinephrine injections which allows any lay person who has been trained to administer Epinephrine, and

# Glucagon

amended T.C.A. 49-5-415 (b) regarding Glucagon administration which states "...school personnel who volunteer under no duress or pressure and who have been properly trained by a registered nurse employed or contracted by the local education agency [emphasis added] may administer Glucagon in emergency situations to a student based on that student's individual health plan (IHP)...training to administer Glucagon shall be repeated annually and competencies shall be documented in the employee's personnel file." No school system is required to have volunteer school staff trained to administer Glucagon. This is a choice each school system will make based on their needs and the availability of school staff who volunteer. To assure school systems that choice to provide this service will be in compliance with the law and guidelines, the school system will be required to purchase PEDS: Pediatric Education for Diabetes in Schools by Zombeck from the PADRE Foundation. Training will be done by the registered nurse using the PEDS manual and Quality Nursing Interventions in the School Setting: Procedures, Models, and Guidelines by Hootman from the National Association of School Nurses. Both manuals are required to be purchased by school systems.

**New Medical Technology:** As questions arise about new technology, interventions, or treatments, it is important to contact the registered nurse overseeing School Health Services in the local school system. The school nurse may contact the Department of Health for further information or assistance.

#### Care of Students with Diabetes

Public Chapter 737 amended T.C.A. title 49, Chapter 5 relative to training volunteer school personnel to assist with student diabetes care. School

personnel may not be reprimanded, subject to any adverse employment action, or punished in any manner for refusing to volunteer.

Actions for trained volunteer school personnel include:

- Understand the student's Medical Management Plan, IHP, 504 Plan, IEP, or other education plan.
- Understand the student's quick Reference Emergency Plan.
- Attend the student's school health team meetings.
- Participate in diabetes management training by the school registered nurse (RN).
- Learn about diabetes.
- Assist with the care of the student, excluding insulin administration, which may include blood glucose monitoring, urine ketone testing, and emergency Glucagon administration, if trained, (see above) and as included in the student's Diabetes Medical Management Plan. Guidelines in the publication "Helping the Student with Diabetes Succeed – A Guide for School Personnel" will be followed.
- Practice universal precautions and infection control procedures.
- Participate in planned evaluations of care.
- Assistance with this care must be documented in accordance with these guidelines and according to standards and requirements outlined in school policy.
- Observe and record student health and behavior, noting any changes over time.
- Communicate directly and regularly with the school nurse or the supervising health professional.
- Consult with appropriate member of the student's school health team when questions arise or the student's health status changes.
- Respect the student's confidentiality and right to privacy.
- Accompany the student on field trips or off-campus school-sponsored sports events and activities, as determined by the 504 Plan, IHP, IEP, or other education plan.
- Provide support and encouragement to the student.
- Help ensure that the student has a supportive learning environment.

The student's parent or guardian must have given permission for school personnel to volunteer to participate in the care of the student with diabetes, and written permission must be kept in the student's school records.

The training of volunteer school personnel will include:

- General overview of type 1 and type 2 diabetes.
- The effects of balancing insulin, food and exercise upon a student's blood glucose levels.

- Signs and symptoms of hypoglycemia and hyperglycemia and the short- and longterm risks of these conditions.
- Treatment of hypoglycemia and hyperglycemia.
- Procedures for routine care of student with diabetes, including blood glucose monitoring, urine ketone testing, and recording results.
- Emergency Glucagon administration.
- Managing nutrition and exercise in the school setting.
- Tools, supplies, and equipment required for diabetes care and their storage.
- Identity of school nurses and how to contact them for help.
- Understanding the individual health plan (IHP) and the medical management plan for the student with diabetes with regard to blood glucose level target ranges, schedules for meals and snacks, and actions to be taken in the case of schedule disruption.

The school registered nurse may use certified diabetes educators and licensed nutritionists to assist with the training.

The training must be renewed on an annual basis and competency must be noted in the personnel file of the volunteer school personnel receiving the training

If a school nurse is on-site and available to assist, the school nurse must provide any needed diabetes assistance rather than other trained school personnel volunteering to assist the student. In addition, a school registered nurse has primary responsibility for maintaining all student health records.

The following persons shall not be liable in any court of law for injury resulting from reasonable assistance with the care of students with diabetes if performed pursuant to these guidelines:

- Any school nurse who provides the training.
- Any person who is trained and whose competency is indicated in such person's personnel file.
- Any local board of education or governing board for a non-public school that authorized school personnel to volunteer to assist with the care of students with diabetes.

The activities outlined in the training guidelines do not constitute the practice of professional nursing unless performed by an individual licensed by the board of nursing.

School registered nurses who provide training to volunteers under this subsection shall not be subject to any disciplinary or otherwise adverse licensing action by the board of nursing for injury resulting from assistance with the care of students with diabetes if performed pursuant to these guidelines.

Any sharps involved in diabetes care and management for a student shall be stored in a secure but accessible location, until use of such sharps is appropriate. Use and disposal of sharps shall be in compliance with the guidelines set forth by the Tennessee Occupational Safety and Health Administration (TOSHA).

A local education agency shall not assign a student with diabetes to a school other than the school for which the student is zoned or would otherwise regularly attend because the student has diabetes.

# **Self Administration of Medications**

# **Providing Assistance**

Assistance in the self-administration of medications by unlicensed personnel in the school setting or emergency medication administration under the following circumstances does not constitute the unlawful practice of nursing, provided:

- All training of school personnel providing assistance with self-administration of medications shall be done by a registered nurse employed or contracted by the local school system.
- Training for school personnel in the assistance with self-administration of medications shall be repeated annually, and competencies shall be documented in the employee personnel file. It is strongly recommended that backup personnel be trained for each school site.
- Training for school personnel who volunteer to administer Glucagon in an emergency must be student-specific and based on the student's IHP. It is recommended there be a minimum of two staff members trained at a school to insure adequate provision for emergency situations.
- The student is competent to self-administer the authorized and/or prescribed medication with assistance.
- The student's condition for which the medication is authorized and/or prescribed is stable.
- The administration of medication is properly documented on a student Medication Administration Record (MAR).
- Guidelines for self-administration of medications are followed.

#### Guidelines

Medications should be limited to those required during school hours and necessary to maintain the student's enrollment and attendance in school.

- The individual assisting with medication self-administration must visually observe the student self-administer the medication **OR** in the case of a cognitively competent but physically challenged student, perform that portion of self-administration for which the student is physically incapable.
- Each dosage of medication shall be documented and the documentation easily retrievable. Documentation shall include date, frequency, time, dosage, route and the signature of the person assisting the student in self-administration.
- In the event a dosage is not administered as ordered or any other medication error occurs, a Medication Error Form must be filled out and routed to the

appropriate administrative person in the local school system or routed per the protocol of a contracted agency. The school nurse and parent/guardian must be notified in the event of a medication error.

- A procedure shall be established for providing communication with the parent(s) or guardian regarding any problems with administration of the medication.
- To assure safety and accountability, nursing supervision shall be provided to personnel assisting with the self-administration of medication to insure local school board policies and state guidelines are being followed.

All prescription drugs given at school shall be prescribed by a licensed prescriber on an individual basis as determined by the child's health status.

- Prescription medication must be brought to school in the **original**, **pharmacy labeled container**. The container shall display:
  - Child's name
  - Prescription number
  - Medication name and dosage
  - Administration route or other directions
  - Date
  - Licensed prescriber's name
  - Pharmacy name, address, and phone number
- Require a written parental/guardian request which shall include:
  - Child's name
  - Name and address of parent/guardian
  - Name of medication, dose, route, time of administration
  - Discontinuation date
  - Reason medication is needed
  - Current parent's/guardian phone number in case of emergency
- All prescriptions for long term medications shall be renewed at least annually.
- Changes in prescription medications shall have written authorization from the licensed prescriber and parent. The change will be noted on the medication administration record (MAR) without obliterating the previous information. Only an RN or LPN can make changes on the MAR. Changes can include but are not limited to: time, dose, addition, discontinuation, etc.

All non-prescription drugs given in school shall:

• Be brought in with the original label listing the ingredients, dose schedule, and child's name affixed to the container.

- Require a written parental/guardian request which shall include:
  - Child's name
  - Name and address of parent/guardian
  - Name of medication, dose, route, time of administration
  - Discontinuation date
  - Reason medication is needed
  - Current parent's/guardian phone number in case of emergency

For all prescription and non-prescription drugs a written request shall be obtained from the parent(s) or guardian requesting that medication be given during school hours. The request must include the parent's or guardian's name and phone number in case of emergency. It is the parent's or guardian's responsibility to ensure that the written request and medication are brought to the school. The parent or guardian must state that the child is competent to self-administer the medication with assistance. Local school board policies related to "Zero Tolerance" may require all medications, prescription and non-prescription, be brought to school and delivered to appropriate or designated school personnel by a responsible adult.

All medications must be stored in a secure, separate, locked drawer or cabinet. Medications requiring refrigeration should be refrigerated in a secure area. If possible, a separate refrigerator should be available for student medications. If medication requiring refrigeration is kept in a refrigerator used for food storage, the medication must be put in a leak proof, locked container. Emergency medications such as Glucagon kit and the Epinephrine kit must be kept in a secure area near the student and readily available for timely, emergency use. The student's individual health plan (IHP) will determine availability and parameters for use of emergency medications.

An LEA **must** permit possession and self-administration of a prescribed, metered dosage, asthma-reliever inhaler by any student with asthma if the student's parent or quardian:

- Provides to the school written authorization for student possession and selfadministration.
- Provides a written statement from the prescribing health care practitioner that the student suffers from asthma and has been instructed in self-administration of the prescribed, metered dosage, asthma-reliever inhaler. The statement must also contain:
  - The name and purpose of the medication
  - The prescribed dosage
  - The time or times the prescribed inhaler is to be regularly administered, as well as any additional special circumstances under which the inhaler is to be administered and
  - The length of time for which the inhaler is prescribed.

- These statements shall be kept on file in the office of the school nurse or school administrator.
- The permission for self-administration of the prescribed, metered dosage, asthma-reliever inhaler shall be effective for the school year in which it is granted and must be renewed each following school year upon fulfilling the requirements set forth in these guidelines.
- The LEA may suspend or revoke the student's possession and selfadministration privileges if the student misuses the inhaler or makes the inhaler available for usage by another person.
- Upon fulfilling the requirements set forth in these guidelines, a student with asthma may possess and use the prescribed, metered dose, asthma-reliever inhaler when at school, at a school-sponsored activity, or before or after normal school activities while on school property, including school-sponsored child care or before or afterschool programs.
- The LEA shall inform the student's parent or guardian that the school and its employees and agents shall incur no liability as a result of any injury sustained by the student or any other person from possession of self-administration of the inhaler. The student's parent or guardian shall sign a statement acknowledging that the school shall incur no liability and the parent or guardian shall indemnify and hold harmless the school and its employees against any claims relating to the possession or self-administration of the inhaler.
- Nothing in these guidelines shall be construed to relieve liability of the school or its employees for negligence.

Students with asthma must have an IHP developed by the registered nurse. The IHP can serve as the Asthma Action Plan. There should be a mechanism to include self-reporting of reliever inhaler use and frequency that can be documented on the student MAR and included in the annual report.

The parent or guardian shall be responsible at the end of the treatment regimen for removing any unused medication from the school. When the duration of a medication is complete or out of date, the parent/guardian shall be advised to pick up the medication. After notification attempts per local school system policy, if not picked up in 14 days, the medication shall be destroyed by the school nurse, documented and witnessed by at least one other school staff person.

#### **Alternatives**

Work with the licensed prescriber and the parent(s) or guardian to adjust medication administration time so administration is not needed during the school hours.

Hire a registered nurse or contract with a local community agency, e.g., local health department, home health agency, or local hospital, for a registered nurse to come into the school and administer medications.

Allow a parent, guardian, or parental adult designee, per local school system policy and as determined by IHP, 504 Plan, IEP or other education plan, to come to the school to administer medication(s) to their child.

# **Commonly Asked Questions**

# Q. Who is authorized to perform health care procedures in the schools?

A. Most health care procedures will be performed by registered nurses or licensed practical nurses. However, under certain circumstances, selected procedures may be performed by persons licensed under Health Related Boards. (see section entitled "Health Care Procedures")

# Q. Is every school system required to employ a school nurse?

A. TCA 49-5-415 requires certain health care procedures, including the administration of medications during the school day or at related events, to be performed by appropriately licensed health care professionals. With regard to public school systems, TCA 49-3- 359 (c) (1) states "There is included in the Tennessee BEP an amount of money sufficient to fund one (1) full-time, public school nurse position for each three thousand (3,000) students or one (1) full-time position for each LEA, which ever is greater. An LEA may use such funds to directly employ a public school nurse or to contract with the Tennessee public school nurse program, created by TCA 68-1-1201 (a), for provision of school health services; provided, that after the BEP is fully funded, an LEA must use such funds to directly employ or contract for a public school nurse as provided for in this subsection or must advise the department of education that the LEA has affirmatively determined not to do so, in which case the LEA shall notify the department of the election against providing such service and the alternative arrangement which the LEA has made to meet the health needs of its students."

# Q. Can a parent designate school personnel to perform health care procedures on their child?

A. NO, school personnel can not perform health care procedures. School personnel can volunteer to be trained to administer Glucagon in an emergency situation and to provide care of the student with diabetes, with the exception of insulin administration.

#### Q. How do you determine if a child is competent to self-administer medications?

A. According to the Attorney General's opinion, the physical and mental capacity, as well as age, should be considered. If a child is eligible under IDEA or Section 504, the multi-disciplinary Team could make the decision.

# Q. Is training required for persons assisting with self-administration of medications?

A. YES. To be consistent and to assure safe care of students, it is required that all school personnel assisting with self-administration of medications have a basic training and annual updates from the registered nurse related to assistance and documentation of medications. Training records should be kept in the personnel file. It is recommended back-up personnel be trained at each school site. Training must be provided for school personnel who volunteer to administer Glucagon to a diabetic child in an emergency and to school personnel who administer Epinephrine injections.

# Q. Is it permissible for a parent to come to school to perform a health care procedure?

A. YES, but only for their child. However, a parent can not be required to come to school to perform the child's procedure.

# Q. Can a secretary administer Ritalin?

A. NO, but a secretary could assist a child in the self-administration of his/her medication if designated and trained, and the guidelines for self-administration are followed.

# Q. Can a teaching assistant perform any health care procedure?

A. NO, but they may be assigned to assist in the self-administration of medications. If they volunteer, they can also be trained to administer Glucagon to a diabetic child in an emergency situation when the school nurse is not available.

# Q. What are the duties of an LPN?

A. The LPN works under the supervision of an RN, physician, or dentist and can perform health care procedures appropriate to the LPN's level of education and experience.

### Q. Can a child perform a self-catheterization?

A. YES, but the RN should assess the child at least bi-annually to assess problems, techniques and health status. The RN should also develop an IHP for the student.

# Q. Can a child who is diabetic perform their own glucose monitoring?

A. YES. If not done by the child, it must be performed by an RN, LPN or volunteer school personnel trained according to the guidelines.

- Q. Can a teacher or other school personnel administer Epinephrine if a child has a bee sting allergy?
- A. YES, with appropriate training according to TCA Section 68-145-10.
- Q. Can a volunteer who is a nurse assist with administration of medication or perform a health care procedure in school?
- A. NO. They are volunteers and not employed by the school system.
- Q. Can an LPN perform a tube feeding?
- A. YES, under a protocol established by an RN and the student's IHP.
- Q. Can a teacher wipe off a trach tube?
- A. YES. They can wipe off secretions around the trach or the student's mouth provided they wash their hands before and after.
- Q. Does the school need a nurse close by?
- A. YES, a nurse should be available in the school. It is also highly recommended that the teacher working with a child who has a tracheostomy be trained in emergency needs for a child with a tracheostomy.
- Q. Are schools and school systems required to make reasonable accommodations for students who require health care procedures during off site events such as field trips?
- A. YES.
- Q. If a child with a health care problem attends a Friday night football game as a spectator, is the school obligated to provide an appropriately trained health care professional to tend to the student if needed?
- A. NO.
- Q. Does a school board have to approve a policy regarding health care procedures?
- A. YES, TCA Section 49-5-415 specifies that health care procedures must be performed in accordance with policies and rules of local boards of education.

# Q. Has a job description been developed for school nurses?

A. NO. Job descriptions are the responsibility of local school systems. However, samples are available through the Tennessee Departments of Health and Education, the Tennessee Nurses Association, and the National Association of School Nurses.

# Q. Does the implementation of TCA Section 49-5-415 constitute a Coordinated School Health Program?

A. NO. The eight nationally recognized components of Coordinated School Health Programs are: comprehensive health education, nutrition services, physical education, health services, healthy school environment, family/community involvement, counseling/psychological/social services, and health promotion for staff. TCA 49-1- 1002 establishes guidelines and standards for Coordinated School Health Programs in Tennessee that are available through the State Departments of Education and Health.

# Q. Does the law regarding health care procedures apply to private schools?

A. YES, to most private schools.

### Q. Is CPR a health care procedure?

A. NO, but TCA Section 49-5-414 recommends that each public school have at least one, or preferably more, individuals trained in CPR. TCA requires each school nurse employed by an LEA to maintain current CPR certification consistent with quidelines of the American Heart Association.

### Q. Is the handling of body fluids a health care procedure?

A. NO, but Universal Precautions are governed by required local school board policy as mandated by the State Board of Education and OSHA Bloodborne Pathogens Regulations. School systems must provide annual training to all staff members.

# References, Resources, and Links

The first three publications listed, or the most current version of the publications/manuals, are **required** for all school systems. While the Hootman manual is a standard of practice for school nurses, it is recognized that parts of the manual do not apply to Tennessee. Other resources are recommended and may be referred to as needed.

# Required

Hootman, Janice, R.N., PhD: Quality Nursing Inventions in the School Setting: Procedures, Models, and Guidelines. National Association of School Nurses, Scarborough, ME 04074; 1996. (required)

National Association of School Nurses: (phone) 207-883-2117 (fax) 207-883-2683

Zombek, M. (2001). PEDS: **Pediatric Education for Diabetes in Schools**. PADRE Foundation, Orange, CA. **(required)** 

PADRE Foundation: (phone) 714-532-8330 (fax) 714-532-8398

U.S. National Diabetes Education Program (NDEP). **Helping the Student with Diabetes Succeed – A Guide for School Personnel**. The NDEP is a federally sponsored program of the national Institutes of Health and Centers for Disease Control and Preventions, involving over 200 public and private partners to improve diabetes treatment and outcomes for people with diabetes, promote early diagnosis and prevent diabetes. **(required)** 

1 Diabetes Way Bethesda, MD 20892-3600 Toll-free 1-800-438-5383 www.ndep.nih.gov

To order your free copy of "Helping the Student with Diabetes Succeed – A Guide for School Personnel" call the toll-free number above, each additional copy is \$3. Online version available at <a href="https://www.ndep.nih.gov">www.ndep.nih.gov</a>

# Recommendations

American Academy of Pediatrics. (200). **Red Book 2000: Report of the Committee on Infectious Diseases** (25th Ed). Elk Grove, IL

American Federation of Teachers. (1997, May) **The Medically Fragile Child in the School Seeting**. (Item No. 451-a 5/97). Washington, D.C.

Schawab, N.C. & Gelfman, M. H. B. (Eds.). (2001) **Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, and School Nurses**. North Branch, MN: Sunrise River Press

# **Links/Web-Based Resources**

Public Chapter	Hyperlink	Description	Amends TN Code §	Effective Date
493	Public Chapter 493	Under certain circumstances students can carry and self-administer asthma medication.	49-5-415	7/1/04
707	Public Chapter 707	Requires schools to inform parents of the need for vision and dental screenings when immunization forms indicate such needs.	49-6-5004	7/1/04
734	Public Chapter 734	Allows local public and private school boards to train school personnel to assist students with diabetes care.	49-5-415	7/1/04
886	Public Chapter 886	Requires school nurses to maintain current certification in CPR and DOE to survey schools for number of CPR certified school personnel.	49-3-359(c)(2) 49-5-414	6/7/04

American Academy of Pediatrics: <a href="http://www.aap.org/">http://www.aap.org/</a>

Children's Emergency Care Alliance <a href="http://www.cecatenn.org/">http://www.cecatenn.org/</a>

National Association of School Nurses: <a href="http://www.nasn.org/">http://www.nasn.org/</a>

Tennessee Nurses Association: <a href="http://www.tnaonline.org/">http://www.tnaonline.org/</a>

# Guidelines for Managing Life-Threatening Food Allergies in Tennessee Schools



Tennessee Department of Health and Tennessee Department of Education 2007

# Introduction

The Tennessee State Department of Education in collaboration with the state Department of Health has developed *Guidelines for Managing Life-Threatening Food Allergies in Tennessee Schools* to assist Tennessee public school districts and nonpublic schools (that are served pursuant to Tennessee Code Annotated, Section 49-5-415 (f)) in effectively preventing and controlling the incidences of life-threatening food allergies efficiently and managing the health and safety needs of children with life-threatening allergic conditions. Food allergy is a growing food safety and public health concern in the United States because of the increased prevalence.

School settings are faced with major challenges due to new enrollment of students with one or more food allergies. According to the American Academy of Allergy, Asthma and Immunology report on food allergies and reactions, about 8% of children (estimated 2 million children) are potentially at risk for life-threatening food allergy reactions due to their allergic sensitivities to food. Even a trace of allergen in food can cause a reaction in individuals who are sensitive to the specific allergen and can trigger allergic symptoms. Presently, there are no food allergy medications, and strict avoidance of the food allergen is the only remedy to prevent life-threatening food allergy reactions. In some cases, deaths occurred in schools, resulting from recognizing symptoms and not responding promptly or effectively.

Implementation of health care procedures, guidelines and plans that focus on food allergy education, awareness, avoidance and immediate treatment of allergic reactions are critical to saving lives. School districts should anticipate the enrollment of students with life-threatening food allergies in their schools and hence be prepared to assist these potential individuals when needed.

School districts shall develop and implement an Emergency Food Allergy Response Plan that focuses on prevention and an appropriate response procedure should an emergency occur. This plan may be administered and adopted into policy and procedures at the district and local education level. Using the statewide plan as a guide, each school district must develop processes to identify all students with food allergies and develop and implement an Individualized Health Care Plan with Allergy Action Plan for each specific student. The guidelines include:

- Food allergies and anaphylaxis overview
- State and federal legislation
- Food allergy management plan for all local education agencies
- Individualized assessment and health care plans with allergy action plan
- Suggested roles of school staff personnel

- Commonly asked questions
- Samples of policies, forms, letters, and care plans
- Additional resources
- References

Symptoms of allergic reaction to insect sting, latex or food or in some instances caused by excess exercise sometimes appear to be the same as life-threatening food allergies. Treatment of these serious allergic reactions should be the same, and the use of anaphylaxis management should be encouraged if there is no signed medical provider statements specific to the individual at risk. It is imperative that the EMS is activated (dial 911) immediately.

Note: Epinephrine commonly known as Epi-Pen or Twinject is described as the auto-injector and used for the administration of Epinephrine.

# **Overview of Food Allergies and Anaphylaxis in Schools**

Food allergy is a distorted response by the immune system to one or more foods that the body perceives and identifies as harmful and toxic to the body. Once the ingested food is identified as toxic by the immune system, the immune system produces specific antibodies to that specific food or foods.

The immune system response can produce a series of chemical triggers due to the allergic symptom and in some instances can affect the respiratory system, cardiovascular system, skin and the gastrointestinal tract. Symptoms of the allergic reaction to life-threatening food may appear in one or several body systems. The signs and symptoms may range from mild to severe and may be life-threatening in some cases, depending on the individual level of dose response and mode of exposure.

Presently, there is no cure for food allergy and avoidance is the only remedy to prevent an allergic reaction. Individuals, particularly children may have life-threatening allergies to one or many groups of food, including fish, fruits, vegetables, and meats. Listed below are most of the commonly known foods to cause allergic reactions in some individuals.

- Peanuts (peanut oil and other peanut products)
- Tree nuts (walnuts, cashews, pecans, hazelnuts, and almonds)
- Milk
- Eggs
- Fish

- Shellfish
- Soy
- Wheat

These eight major foods are primarily responsible for most food reactions. However, there are other foods that can cause a serious allergic reaction. Nuts generally cause the most severe allergic reactions, and it is estimated that approximately 90% of fatal and near-fatal reactions are due to these foods: **peanuts, tree nuts, fish and shellfish**. Sensitive individuals who ingest food allergens in some cases might have fatal reactions resulting in death, if there are no rapid medical interventions.

Children can have an allergic reaction to tactile (touch) exposure or inhalation exposure. The mode of exposure to tactile or inhalation in some cases does not result in severe or life-threatening reactions unless the individual ingests these specific allergens. Exposure by mouth, nose or eyes is considered to be ingestion and, depending on the dose response of the specific individual, may cause an anaphylaxis and trigger an allergic reaction. The level of sensitivity to allergens, types of symptoms, and the severity of symptoms are dependent on individuals.

Guidelines for Managing Life-Threatening Food Allergies in Tennessee Schools A food allergy fact sheet is available at <a href="http://www.foodallergy.org">http://www.foodallergy.org</a>

# **Personnel for the Management of Life-Threatening Allergies**

An effective individual health care plan with an attached allergy action plan (AAP), requires the cooperation of designated school personnel who are knowledgeable and trained regarding the management of students with life-threatening food allergies. Staff who may be present in the event of an anaphylactic reaction should be prepared for their responsibilities prior to the emergency. This food allergy management team should include but is not limited to the student, school nurse, parents, administrators, teachers, counselors, food service directors and personnel, bus/transportation staff, coaches and/or extracurricular advisors. The nurse shall meet with the team annually as a group, but he or she might also meet separately with staff members to ensure their competency in emergency response procedures.

The school nurse will determine the appropriateness of the student to carry his/her own Epinephrine and develop the allergy action plan based on collaboration with the licensed health care provider. The school nurse will encourage student participation in planning the AAP and will encourage the student to wear a medical alert bracelet if provided by the parent. The responsibilities of these school personnel are high-lighted in this section.

# The Responsibilities of the Student with Life-Threatening Allergies

- Learn to recognize symptoms and take them seriously in early stages.
- Take as much responsibility for avoiding allergens as possible, based on developmental level, including participation in planning the allergy action plan.
- Learn to read labels.
- Trading or sharing foods is prohibited.
- Wash hands before and after eating.
- Promptly inform an adult if you suspect that you have contacted an allergen.
- Develop trusting friendships with peers and ask them for help if needed.
- Share educational information and assist with training peers in the allergy action plan.
- Report teasing or harassment immediately.

- Carry own Epi-Pen and demonstrate competency if age appropriate.
- If permitted, to carry a mobile phone for emergency use only with parental consent (middle and high school students). Mobile phones should not take the place of notifying school personnel.

## Parent / Guardian

- Inform the school nurse and administrators of your child's allergies prior to the opening of school or as soon as possible after diagnosis. Explain what he or she is allergic to, triggers, warning signs of allergic reaction and emotional responses of your child.
- Participate in team meetings and development of the IHCP or communicate with individual school personnel who will be in contact with your child.
- Provide the school with emergency contact information (cell phone, work number, beeper) and designate someone to act on your behalf if you are unavailable.
- Provide a list of foods and ingredients that the child should avoid, as recommended by their health care provider or observed by the parent.
- Provide the school nurse with medication orders from a licensed health care
  provider, permission to consult with the provider, and signed consent forms to
  administer medications and share health information on a need to-know-basis.
- Provide the school with up-to-date Epinephrine, (auto injectors, two preferred) to be stored in secure locations according to school policy.
- Participate in field trips if time permits.
- Provide the school with updates on the child's allergy status annually and as needed.
- Consider providing a medical alert bracelet for your child.
- Advocate for your child regarding the seriousness of allergies and encourage your child to take more responsibility as he/she grows older.

#### School Nurse

- At the beginning of the school year, meet with the parent of the student with life-threatening allergies or immediately after diagnosis.
- Assure that the IHCP with the AAP includes the student's name, photo if available, allergens, symptoms of allergic reaction, risk reduction procedures, emergency responses and required signatures. (Monitor that it is filed in the cafeteria and classroom.)
- Arrange and convene a food allergy management team meeting to plan and review IHCP with special attention to the AAP; encourage parental participation.
- Document attempts to collaborate with parents who have not participated in the development of the IHCP or fail to supply Epi-Pen (letters or phone calls and consequences of lack of cooperation per LEA policy).
- Familiarize assigned school personnel with the AAP on a need-to-know basis.
- Coordinate or conduct in-service training and education for appropriate staff.
- Implement a periodic anaphylaxis drill as part of the refresher course with the assistance of the school administrator based on local school policy.
- Make sure there is a contingency plan for substitute school nurse.
- Communicate on a regular basis to discuss issues related to the AAP.
- Introduce yourself to the student and orient him/her to the location of the nurse's office.
- File location of Epi-Pens and check for expiration dates. Check expiration dates and stock up supply per LEA policies.
- File the LEA/ school district emergency protocols and assist with annual reviews.
- Request a functioning communication device in the health clinic.
- Consider posting "warning" signs on the classroom door encouraging students and parents to allow the teacher to check any food brought into school. (Signs should be kid-friendly and age-appropriate.)

#### **School Administrator**

- Include in the school's emergency response plan a written plan outlining emergency procedures for managing life-threatening allergic reactions.
- Participate in planning the IHCP with an attached AAP as a member of the allergy management team, and support school personnel, the student and parents in its implementation.
- Recommend that communication devices are provided and are in functioning condition in the appropriate location-nurse's clinic, classroom, cafeteria etc.
- Mandate that training and education of all involved personnel is completed; designate someone to track their attendance.
- Inform parent/guardian if any student experiences an allergic reaction at school.
- Monitor strategies to reduce risk of exposure. Monitor overall compliance with the implementation of the AAP.

#### Classroom Teacher

- Request that the classroom has a functioning intercom, walkie-talkie or other communication device for communication with the school nurse and administrator.
- Participate in team meetings for the student with life-threatening allergies.
- Keep the student's AAP readily accessible in the classroom in an organized format for substitute teachers and emergencies.
- Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's food allergies and necessary safeguards on a need-to-know basis (see appendix B).
- Work with the school nurse to educate other parents about the presence and needs of the child with life-threatening allergies in the classroom. Enlist their help in keeping certain foods out of the classroom.
- Inform parents of any special school events where food will be served.

- Participate in the planning for student's re-entry to school after an anaphylactic reaction, when possible.
- Do not question or hesitate to act if a student reports signs of an allergic reaction.
- A student with suspected allergies should never be sent to the office alone.
- Request a teacher's aide or assistant based on the student's IHCP.
- Establish procedures in the classroom to ensure that the student with lifethreatening food allergies eats only what he or she brings from home.
- Prohibit students from sharing or trading snacks.

#### **Guidance Counselor**

- Communicate with the school nurse as needed in the development of the student's IHCP and attach AAP.
- Assist with staff training related to the anxiety of caring for students with lifethreatening food allergies.
- Monitor anxiety, stress levels, and social development of students with lifethreatening food allergies and provide interventions as appropriate.
- Act as a resource to parents and students regarding anxiety, stress and normal development.
- Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with food allergies (with parental and student's permission).

# The Food Service Manager

- Communicate as needed with the school nurse regarding the development of the food allergy action plan.
- File the student's allergy action plan with consent of parent(s).
- Review the legal protections for a student with life-threatening allergies.

- Read all food labels and re-check routinely for potential food allergens (see appendix C). This includes new products as well as items with long shelf life.
- Train all food service staff and their substitutes to read product food labels and recognize food allergens. Train lunchroom monitors on how to recognize signs of an allergic reaction; re-train annually.
- Maintain contact information for manufacturers of food products (Consumer Hotline).
- Review and follow sound food handling practices to avoid cross-contamination with potential food allergens.
- Set up policies for the cafeteria regarding food allergic students.
- Create specific areas that will be allergen safe, if feasible.
- Enforce strict sanitation with staff using commercial cleaning solutions on tabletops to avoid cross-contamination.
- After receiving a doctor's order, make appropriate substitutions or modifications for meals served to students with food allergies; consult with the district food service director as needed.
- Plan ahead to have safe meals for field trips.
- Recommended that food service personnel wear non-latex gloves.
- Provide advance copies of the menu to parents/guardians when feasible.
- Have at least two people in the eating area trained to administer Epinephrine.
- Have readily accessible Epinephrine auto-injector.
- Have a functioning communication device to support emergencies.

#### Coaches and Extracurricular Staff

- Complete allergy management training according to the IHCP.
- Conduct activities in accordance with all school policies and procedures regarding life-threatening allergies.

- With parent's consent, keep a copy of the allergy action plan and photo of students with life-threatening allergies.
- Make certain that functioning emergency communication devices are always present.
- One to two people who have been trained should be present to administer Epinephrine auto-injector.
- Maintain a current Epinephrine auto-injector as specified in school policies.
- Clearly identify who is responsible for keeping the first aid kit.
- If for safety reasons, medical alert identification needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed.

# The School Bus Company

- Maintain open communication with the food allergy management team regarding implementation of the student's IHCP.
- Provide functioning emergency communication devices.
- Know local emergency medical services procedures.
- It is recommend that there be no consumption of food allowed on school buses unless medically necessary (example: diabetics).
- Individual LEA's should consider training on emergency allergy response Epi-Pen and CPR.

# The Emergency Allergy Response Plan

It is recommended that local education agencies (LEA's) develop system-wide policies that outline the requirements of a program to manage students with life-threatening allergies. These more comprehensive and detailed protocols should include measures to reduce exposure to allergens and procedures to treat allergic reactions. Suggested components include:

- Education and training.
- Record keeping/documentation.
- Development and reviews of the allergy action plan (AAP).
- Protocols for classrooms and cafeterias that include strategies to reduce exposure to allergens.

# **Education/Training**

All school personnel, students and parents who may be present in the event of anaphylaxis should have general education on managing life-threatening allergies. Mandatory training requirements should include:

- The school nurse is responsible for the scheduling and implementation of the training in collaboration with the LEA administration.
- Frequency of the training (minimum annually).
- Cleaning protocol for classroom and cafeteria (type of cleaners, frequency, etc.).
- Guidelines for snacks, parties, lunch substitutions based on USDA guidelines.
- Allergen-free tables in cafeterias and classrooms if feasible (being careful not to compromise student confidentiality).
- Students/staff hygiene (frequent hand washing).
- Field trip management.
- Bus/transportation management:
  - Storage of Epi-Pen.
  - Instructions for care and use.
- Emergency response protocol:
  - Personnel responsibilities.
  - Communication procedures.
  - Emergency drills.

- Administration/possible repeat administration of Epinephrine.
- Demonstration and competency checks on administration of the Epi-Pen.
- Training in cardiopulmonary resuscitation (CPR) based on LEA policy

## Recordkeeping/Documentation

- School nurse to initiate and distribute the IHCP with an AAP. Copies should be within immediate proximity of the student at all times and updated as changes occur in the student's health status, including current photo.
- Locations of Epi-Pen and monitoring of expiration dates.
- Reviews of system-wide policies on allergies as needed.
- Lists of trained personnel and documentation of competency will be maintained by school administrator or designee.
- Policies regarding student self-administration of Epinephrine, competency to be evaluated by the school nurse twice annually.
- The school nurse will identify students with medical diagnosis or chronic health issues who are at risk for allergies by review of health information.

# **Development of IHCP and Allergy Action Plan**

The Individualized Health Care Plan (IHCP) with Allergy Action Plan (AAP) should be based on information provided by the parent, licensed medical provider and suggestions from the nurse. The primary goal of the AAP is to provide direction to the school nurse, school personnel, and EMS responders that enable them to react promptly with specific procedures for the particular student.

The LEA may develop a standardized AAP template (see appendix A) as long as it includes the following information:

- Name of the student and photos (if picture available).
- The RN level school nurse will develop the IHCP along with AAP.
- The specific offending allergens or generic ingredients that could be identified on labels.
- Warning signs of allergic reaction.
- Licensed health care providers and allergy specialists with name and phone numbers.
- Emergency response procedures designating who administers the Epinephrine based on the location of the exposure.

- Where Epi-Pen and backup auto-injectors will be stored.
- Other recommendations of the allergy management team will be reviewed and updated as needed.
- Once formalized, the AAP will contain a summary of the nursing assessment describing the student's competency to carry and administer his or her own Epi-Pen.
- A copy of the AAP will accompany the student to the emergency room.
- Revise IHCP as needed based on student's ability to self-administer Epi-Pen and the physician's statement on their competency (review at least twice annually).

## Communication Strategies

- Functioning communication devices are recommended for personnel use whether on the school campus, field trips, bus routes, or extracurricular events. Examples include but are not limited to intercom systems, telephones, cell phones, and walkie-talkies.
- Communication devices should be tested routinely with emergency drills and malfunctions corrected immediately.
- Collaboration should occur with local emergency response teams to assure that they will respond to a 911 call with Epinephrine. Do not assume that all ambulance services carry it.
- Include in the AAP steps to notify the school nurse and parent immediately of an anaphylactic reaction.
- The school nurse should maintain open communication with all members of the allergy management team(s), particularly the parent and licensed provider.

#### **Evaluation**

- A written narrative should document each emergency exposure to allergens.
  The school nurse and the allergy management team should evaluate the
  cause of the exposure, effectiveness of personal responses and suggestions
  for improvements. Post exposure review to examine any problems with the
  IHCP, then update annually as needed.
- There should be a minimum of annual reviews of system-wide policies on allergy management. Review and update of the individual AAP will be conducted as needed.
- Complete incident reports of anaphylaxis based on LEA policy.

# Special Challenges (considered on an individual basis)

- Religion or ethnic influences.
- Vending machine options.
- Home economics/culinary classes/biology labs.
- Provision for safe art supplies.
- Outdoor events beyond cell phone coverage area.
- Emergency crisis plan in the event of a fatal anaphylactic reaction that results in the death of the student; identify crisis team members.
- Celiac disease could be mistaken as an allergic reaction to food. It should be clearly stated in the IHCP of the child with this diagnosis that Epinephrine is not the appropriate treatment.

# **Food Allergy Definitions**

Adverse Action: An undesirable reaction.

Allergen: A food or other substance that triggers an allergic reaction in individuals who are sensitive, to it. Allergens can cause allergic reactions when they are swallowed, touched, or even inhaled. Sometime even a tiny trace of an allergen such as a dusting of a peanut on a cake can trigger anaphylaxis.

Allergic Reaction: A damaging immune response by the body to a particular substance (normally harmless) that is wrongly perceived as a threat. Allergic reactions vary in severity. Mild reactions are not serious, but any symptoms affecting the breathing, such as swelling in the throat or severe asthma, could be life-threatening.

**Allergist/Immunologist:** A specialist in the science of immunology.

**Allergy Action Plan (AAP):** A written emergency care plan for students who have a life-threatening food allergy. An AAP provides specific directions about what to do in a medical emergency such as an accidental exposure to the allergen. The AAP is a part of the IHCP (Individual Health Care Plan).

Anaphylaxis: A severe allergic reaction, the extreme end of the allergic spectrum, and may be fatal if not treated quickly with Epinephrine. The entire body is affected often within minutes of exposure to the allergen but sometimes hours later. No matter how minor the symptoms, it needs to be recognized and treated PROMPTLY.

**Antihistamine:** A medication used to block the effects of histamine, a chemical that is released during an allergic reaction. Antihistamines are available by prescription and over the counter.

**Biphasic Reaction (within 2 to 4 hours):** The reoccurrence of an allergic reaction. Children who have an anaphylactic reaction may experience a reoccurrence in the hours following the beginning of the reaction and require further medical treatment. **The secondary reaction is called biphasic meaning phase II.** 

**Celiac Disease (Gluten Intolerance):** A genetic disorder characterized by an inappropriate immune response to dietary proteins found in wheat, rye and barley. This response leads to inflammation in the intestines and the resulting damage to the intestinal walls which decreases their ability to absorb nutrients. The body begins to develop symptoms of malnutrition and osteoporosis as a common consequence. The

only treatment is lifelong adherence to a gluten-free diet. Symptoms include abdominal pain, bleeding tendencies, bone and joint pain, diarrhea, oral ulcerations, fatty stools with foul odor, fatigue, growth and developmental delays.

**Competent:** An individual who, by way of training and/ or experience, is knowledgeable of self-administration of his/her own medication, regardless of physical capabilities.

**DNR:** Do Not Resuscitate, no CPR. All DNR requests should be referred to your local school system administrators and attorneys.

Epinephrine (Adrenaline): The drug of choice in emergency treatment of acute anaphylaxis. Action: It relaxes bronchial smooth muscle by stimulating alpha and beta receptors in the sympathetic nervous system. It must be administered as soon as anaphylaxis is suspected. For this reason an allergic patient often carries their own adrenaline injection kit such as an Epi-pen auto injector. T.C.A. 68-140-510, training for Epinephrine injections which allows any lay person who has been trained to administer Epinephrine.

Epi-Pen: An adrenaline injection prescribed by many doctors; an easy-to-use device with a concealed needle. Epinephrine Auto injector, single or twinject is available by prescription only as treatment for people with history of anaphylactic reactions, or first time reaction. Please note: Epinephrine is available in two different dosages – 0.3mg (1:1000) and Jr. 0.15mg (1:2000).

**Enzyme:** Protein produced by living cells.

Food Intolerance: When the body has difficulty digesting food and the immune system is not affected. Signs and symptoms may occur within minutes or hours after eating the food and includes headaches, abdominal pain, also a rash. Unlike the case of food allergies where only a tiny amount of the food is needed to trigger a reaction, with intolerance the person may be able to eat small quantities of the food without any problems, e.g., lactose intolerance with milk.

**504/ IDEA:** When a physician assesses that a child's food allergy may result in anaphylaxis, the child's condition meets the definition of "disability" and is covered under the Federal Americans with Disability Act (ADA) section 504 of the Rehabilitation Act of 1973. Also it may be covered under the Individuals with Disabilities Education Act (IDEA), if the allergy management affects the student's ability to make educational progress.

**Immune System:** A complex network of specialized cell tissues and organs that defend the body against attacks by disease-causing microbes.

**Individual Education Plan (IEP):** A written statement for a child with a disability that is developed and implemented in accordance with (34 C.F.R) 300.341300.350. It is developed through a collaborative process with the child's parent(s)/guardian and a multi-disciplinary team in the child's school.

**Individual Health Care Plan (IHCP):** A health care plan developed by a registered nurse for children with acute or chronic health issues. Parent and other health care providers involved with the child participate in the development/ approval of the plan.

**Gastrointestinal (GI) Tract:** The system of the body that includes the stomach and intestines.

**Lactose Intolerance:** A reaction to milk that does not involve the immune system. Lactose—intolerant people lack an enzyme that is needed to digest milk sugar. When milk products are eaten, symptoms such as gas, bloating, and abdominal pain may occur. Lactose intolerance is more common in adults than in young children.

LTA: Life-Threatening allergy.

**Parental Consent:** Written permission from a parent/guardian that is required before a student can be administered medication or be a recipient of health care procedures in the school setting. Health care procedures also require an order from the student's health care provider.

**Prick Skin Test:** A skin test in which an extract of the food is placed on the skin of the lower arm. The provider will then scratch this portion of the skin with a needle and look for swelling or redness which would be a sign of a local allergic reaction. Skin tests are simple and relatively safe in a physician's office.

**RAST (Radioallergosorbent Test):** Measures the presence of food-specific IgE in the blood.

**Toxins:** Poisonous agents produced by plants or bacteria normally very damaging to human cells.

**Standard Precautions:** General barrier techniques designed to reduce exposure of personnel to body fluids containing the human immunodeficiency virus or other blood borne pathogens. Also known as universal precautions. Schools systems must provide annual training to all staff members on this topic.

# **Procedure for Administration of Epinephrine**

# Responding to Life-Threatening Allergic Reactions: The School Food Allergy Program

- Develop a comprehensive program for managing food allergies at school.
- Each school district/LEA should have an Emergency Allergy Response Plan (policy) in place before the start of the school year.
- Parent or guardian must give written consent for administration of Epinephrine in a school setting by a nurse or trained licensed school employee/ paraprofessional. Follow your school board's policy regarding administration of medication including Epinephrine.
- In the event an allergic reaction occurs where there is known allergic history, the staff should call the school nurse and activate the School Emergency Allergy Response Plan. The emergency medical service should be called immediately (911).
- The school system shall maintain and make available a list of those school
  personnel authorized and trained to administer Epinephrine by auto-injector.
  In an emergency when the school nurse is not immediately available, a current
  list should be placed in the school administrator's office as well as the nurse's
  office.
- LEA shall develop a policy for carrying and disposal of the sharps.
- Review the AAP as described in the IHCP, or if a student does not have an IHCP, consider initiating one for first-time reaction.
- A current and updated list of all students who are carrying their own Epinephrine should be placed in the nurse's office.
- Parent/guardian to sign consent form to allow the sharing of information with school staff/paraprofessionals. Also the school staff/paraprofessional needs to be able to receive a copy of the allergy action plan (AAP).
- Plan for activating EMS and notifying the school nurse, the parent and school administrators.
- For every student with a diagnosis of a life-threatening food allergy, the school nurse needs to develop an individual health care plan (IHCP) and an allergy action plan for that specific student.

- It is very important immediately after giving Epinephrine that the emergency medical system (911) be called and transported to the nearest hospital emergency room. Even if the symptoms appear to be resolved, the effect of the injection begins to wear off after 10 to 20 minutes or sooner. Remember to call all immediately for further evaluation and treatment.
- Provide information about students with life-threatening allergies and their photos (if consent is given by parent) to all staff on a need-to-know basis (including bus drivers).
- Each student with a diagnosis of a life-threatening allergy should have an individual health care plan (IHCP) in place with an allergy action plan (AAP). It should include the student photo if available, specific offending allergen of reaction, and names of the trained staff responsible for administering the Epi-Pen based on the order from the doctor.

# Timely Accessibility of Epi-Pen

- Epinephrine by auto-injector should be readily accessible and reasonably secure at all times during school hours. It may be carried by the student if appropriate.
- To promote rapid life-saving steps, emergency medication should be in a safe accessible and reasonably secure location that can be properly supervised by a nurse or other authorized and trained staff member. Key staff members, such as the teacher, principal, and cafeteria staff, should know where the auto-injector is stored even if they are not trained to administer it.
- All staff trained in its use should know exactly where it is located.
- Assign the student to a classroom where the teacher is trained to administer Epinephrine if needed and knows the location of the backup supply.
- Identification of the place where the Epinephrine is to be stored is selected
  after consideration of the location where the student may be most at risk. The
  Epinephrine may be stored at more than one location. The location of the
  auto-injector and the backup should be written in the student's health care
  plan.
- When Epinephrine is administered, there shall be immediate notification of the local emergency medical services system (generally 911), followed by notification of the school nurse, principal, and student's parents.

# **Procedure for Extracurricular Programs/Field Trips**

- The school nurse, food service director, child, and parent will be notified in a timely manner in order to prepare for food/snacks/medications.
- Sharing or trading food shall be prohibited.
- Make certain that an emergency communication device is always present. Minimum of two (2) people with cell phones is recommended to call 911.
- Clearly identify who is responsible for keeping the Epi-Pen, first aid kit and other medication along with a copy of the student AAP.
- The school nurse will assess if it is appropriate for the student to carry his/her own Epi-Pen.
- It is recommended that students and staff use hand wipes before and after eating.
- Maintain records of the names and phone numbers of parent/guardian of the student, the primary care provider, and allergist.
- Be sure that a trained staff person is assigned to stay with the student at all times once the medication as been administered.
- Immediately call an ambulance to transport the student to the nearest hospital after Epi-Pen is given.
- No student should be excluded from a field trip or any extracurricular program
  or activity due to risk of allergen exposure. The parent of the student at risk of
  anaphylaxis should be invited to accompany their child on the school trip in
  addition to the school chaperone. Parents are not required to attend the trip.
- The teacher will designate someone to call the student's parents with the name and location of the hospital.
- As a matter of safe practice, it is generally reasonable for the school to require that parents supply an extra set of emergency medication (Epi- Pen) for availability during extracurricular activities.
- Train staff in proper separation, storage and distribution of the children's snacks/lunches.

- Teacher designee will monitor that the offending allergen is not given to the child.
- Be sure that the bus driver has the emergency route to the hospital if the cell phone can not make the connection to EMS.

Only if EMS can not be reached should the bus driver take the child to the nearest Emergency Room.

An Epi-Pen must be with the child on all field trips, both long and short trips.

## Instruction and Care of the Epi-Pen

Please read all instructional material from the manufacturer before Epinephrine is given.

- Should only be injected into the anterolateral aspect of the thigh. Do not inject into the buttock.
- Do not expose the Epi-Pen to direct sunlight.
- Store the Epi-Pen in the original plastic tube that it comes in.
- Keep the Epi-Pen at room temperature (do not refrigerate).
- Do not store in a vehicle during hot weather or extreme cold.
- Make sure the solution is clear and colorless. If it is brown, replace with a new unit.
- Give your used Twinject to a healthcare worker for proper disposal. Do not throw away in a regular trash can. (Disposal per your LEA policy.)
- Accidental injection of Epinephrine into the hands or feet may result in a loss
  of blood flow to the affected area. If this occurs, immediately go to the
  nearest emergency room for treatment.

# **Commonly Asked Food Allergy Questions**

# Q. What is a food allergy?

An abnormal response to a food, triggered by the body's immune system. Once the immune system decides that a particular food is harmful, it creates specific antibodies against it. Allergic reaction to food may cause serious illness and in some cases death.

#### Q. What is food intolerance?

When the body has difficulty digesting the food but the **immune system is not affected.** The symptom can look and feel like a food allergy. Lactose intolerance is one example of a food intolerance. A person with lactose intolerance lacks an enzyme that is needed to digest milk sugar when the person eats milk products. Symptoms such as gas, bloating and abdominal pain may occur.

# Q. What is anaphylaxis?

Severe allergic reaction, the extreme end of the allergic spectrum, and may be fatal if not treated quickly with adrenaline. This induced systemic or generalized sensitivity, a potentially life-threatening medical condition, occurs in allergic individuals after exposure to their specific allergens. The entire body is affected often within minutes of exposure to the allergen, but sometimes after hours. Some of the dangerous symptoms include: difficulty breathing, swelling, dizziness, shock and even death.

If in doubt it is better to give the Epinephrine and seek medical care. Fatalities occur where Epinephrine is withheld.

# Q. What are some of the causes of anaphylaxis?

**Foods** - milk, eggs, fish, shellfish, food additives, peanuts, peanut oil, peanut products, soy, wheat, tree nuts (walnuts, cashews, pecans, hazelnuts, almonds).

**Medication** - antibiotics (penicillin), seizure medication, muscle relaxants, aspirin.

Latex - elastic waistbands, kitchen gloves, balloons, other household items.

Rare - exercise.

Some anaphylactic reactions have no known cause.

# Q. Is anaphylaxis a medical emergency?

**Yes,** anaphylaxis requires immediate attention because death may occur within minutes.

# Q. Who gets anaphylaxis?

Anyone can experience an anaphylactic reaction, not just those with known allergies.

## Q. How can I prevent anaphylaxis?

Strict avoidance of substances and situations that trigger severe allergic reaction. Read labels of all foods, and if a label contains unfamiliar terms, do not eat the food. However, it is impossible to avoid all allergens completely all the time.

# Q. What is the difference between Epi-Pen and Jr.?

Epi-Pen containing 0.3 mg single dose of Epinephrine is prescribed for individuals weighing 66 pounds or more. Jr. contains 0.15 mg single dose of Epinephrine and is for individuals weighing between 33 and 66 pounds. Sometimes a single dose of Epinephrine is not enough to reverse the symptom of anaphylaxis, so the doctor may prescribe more than one auto-injector.

## Q. What are some of the common signs and symptoms of anaphylaxis?

These symptoms may include ONE or MORE of the following:

Difficulty swallowing Flushed pale skin

Wheezing Swelling of lips, tongue, and throat

Shortness of breath Hives
Coughing Vomiting

Dizziness or faintness Red, watery eyes

# Q. Who should be trained to administer Epinephrine by auto-injector in a life-threatening situation?

Teachers, Aides, volunteers, paraprofessionals, parents of the student, food service personnel, transportation personnel, custodial staff, principals, OT (occupational therapist) and PT (physical therapist) - all on a voluntary basis.

## Q. Who conducts training?

Training can be obtained through your local school district/LEA under the direction

of a school registered nurse and includes prevention and management of allergic reaction.

#### Q. How often should staff be trained?

Recommended a minimum of once a year for unlicensed personnel.

It is recommended that there be a minimum of three to five staff members trained at a school to ensure adequate provision for emergency situations, and additional staff for every 100 students.

## Q. Is a photo needed with a student's AAP (allergy action plan/care plan)?

Yes, recommended if available, with the parents'/guardian's consent.

## Q. How does Epinephrine work?

It is the treatment of choice for allergic emergencies because it quickly constricts blood vessels, relaxes smooth muscles in the lungs to improve breathing, stimulates the heartbeat, and works to reverse hives and swelling around the face and lips.

# Q. Who can administer an Epinephrine auto-injector in a school setting?

In the absence of the school nurse, the following people who have been properly trained may administer an Epinephrine auto-injector to a specific student with life-threatening food allergies: principals, teachers, OT, PT, and a paraprofessional who has been approved by the school nurse may administer Epinephrine auto-injector.

## Q. What is the treatment for anaphylaxis?

Epinephrine by auto injector given immediately. No matter what the cause is, whether it be food, latex, insect sting, or exercise-induced, Epinephrine is the first medication that should be used in the emergency management of anaphylaxis; then antihistamines.

## Q. What are some of the different types of allergens?

Eggs, milk/lactose Fish, seafood and shellfish Yeast Wheat Tree nuts (cashews, chestnuts, walnuts, macadamia) Soybean Gluten

Peanuts (peanut oil and other products)
Insect sting
Sulphur

Latex (gloves, balloons, rubber toys, pencil eraser)
Medicines

However, individuals can be allergic to any food. Some children may be allergic to more than one food.

# Q. Which foods are children commonly allergic to?

Eggs, milk, and peanuts. Some of your most common food allergies in adults are shellfish, shrimp, crayfish, lobster, crab, peanuts, fish, and tree nuts. Adults usually keep their allergies for a lifetime, but children sometimes outgrow them. However, both children and adults could be allergic to items on both lists.

# Q. What happens when a child goes on a field trip? Are schools and school systems required to make accommodations for field trips?

AAP requires that the teacher notify parents, cafeteria staff and school nurse in advance of upcoming trips, providing time to plan for meals and snacks; also the child should be assigned to an adult who is trained in Epinephrine auto-injector administration. An adult should remain with the child at all times during transportation to and from the trip. A parent can volunteer to chaperone but their attendance should never be required. A copy of the child's AAP goes with the child along with all emergency information and contact numbers.

#### Recommendations for All School District/LEA

- Emergency Allergy Response Plan in place before school starts.
- All students with life-threatening allergies have an allergy action plan (AAP) with the student's individual health care plan.
- Form of identification for student with life-threatening allergy.
- Please periodically check medications for expiration dates and arrange for them to be updated.
- List of all trained personnel filed centrally and updated as needed.
- Policy on student carrying his or her own Epi-Pen.
- Each school shall have a food allergy management team which includes but is not limited to the principal, teacher, student, food service director, bus driver, school physician, and counselor.
- Policy prohibiting food on school bus.

- Policy on not trading food.
- Emergency drills. Implement a periodic anaphylaxis drill similar to a fire drill.
- Provide emergency communication devices: two-way radio, intercom, walkie-talkie, cell phone for all school activities, including transportation that involves a student with life-threatening allergies.
- School Crisis Plan. In the event of a fatal reaction, plan to deal with the death of a student. There should be counseling for classmates and the parents.

# **Federal Laws**

What do the laws say about the education of children and youth with special needs? The first federal laws designed to assist individuals with disabilities date back to the early days of the nation. In 1798, the Fifth Congress passed the first federal law concerned with the care of persons with disabilities (Braddock, 1987). This law authorized a Marine Hospital Service to provide medical services to sick and disabled seamen.

By 1912, this service became known as the Public Health Service. However, prior to World War II, there were relatively few federal laws authorizing special benefits for persons with disabilities. Those that did exist were intended to address the needs of war veterans with service-connected disabilities. This meant that, for most of our nation's history, schools were allowed to exclude - and often did exclude - certain children, especially those with disabilities.

Since the 1960s, however, there has been a virtual avalanche of federal legislation that relates directly or indirectly to individuals with disabilities, particularly children and youth. The numerous court decisions rendered, and state and federal laws passed since the 1960s, now protect the rights of those with disabilities and guarantee that they receive a free and appropriate, publicly-supported education.

There have been many heroes and heroines in this effort, most certainly the families of children with disabilities. The positive changes in the laws and the attitudes of the public toward those with disabilities would not have occurred without the active and persistent involvement of many dedicated people over the years. Today, people with disabilities have accomplished more than ever dreamed possible, due to increases in the number and quality of programs, better trained professionals, continuous research in education, information dissemination and technical assistance, and the collaboration between parents and professionals to obtain the best education possible for the nation's children and youth with disabilities.

As evidence of these changes, in 1994 over 5 million children and youth with disabilities received special education and related services under the Individuals with Disabilities Education Act (IDEA) (U.S. Department of Education, 1995). Federal efforts have also extended this right to the youngest of children - infants and toddlers.

A survey conducted by Louis Harris and Associates (1989) for the International Center for the Disabled suggests that more children with disabilities appear to be receiving a far better education today than they were 10 to 12 years ago, and that parents are reasonably satisfied with their children's education. However, many families and professionals have little knowledge about the laws.

According to this report, 61% of the parents surveyed knew little or nothing about their rights under both the Education of the Handicapped Act (EHA), P.L. 94-142 (the predecessor to the IDEA), and Section 504 of the Rehabilitation Act of 1973, P.L. 93-112. Even a greater number of these parents - 85% - were not aware of the vocational education law, the Carl D. Perkins Vocational Education Act of 1984, P.L. 98-524. Finally, a majority of both principals and teachers surveyed felt they had not had adequate training in special education.

Awareness of the laws that ensure equal opportunities to individuals with disabilities is vitally important for the following reasons:

- Knowledge of the language and intention of the laws empowers families to advocate more effectively for their children and strengthens their ability to participate fully as partners in their children's educational teams.
- As independence and self-sufficiency for individuals become increasingly important outcomes of special education, it is important that individuals with disabilities understand the laws and their implications for making decisions.
- Knowledge of the laws can assist professionals in understanding the entire service delivery system, ensure protection of civil rights, and improve collaboration with other agencies and families.
- Knowledge of the laws can help parents and professionals work together on behalf of children to make the equal education opportunity guaranteed by law a reality.

#### P.L. 93-112, The Rehabilitation Act of 1973

This law is critical, because it addresses discrimination against persons with disabilities. The law has different sections, which refer to different areas of discrimination, as follows:

- Section 501: Employment of Individuals with Disabilities
- Section 502: Architectural and Transportation Barriers Compliance
- Section 503: Employment under Federal Contracts
- Section 504: Non-Discrimination in Programs or Activities Receiving Federal financial assistance
- Section 505: Non-Discrimination in Programs or Activities Conducted by Federal Agencies (In 1978, this provision was added by Public Law 95-602.)

To this day, Section 504 provides qualified individuals with disabilities with basic civil rights protection in programs and activities that receive federal financial assistance. The law states that "no otherwise qualified disabled individual in the United States shall, solely by reason of a disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

To be eligible for the protections under Section 504, an individual must meet the definition of a person with a disability. This definition is "Any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment." Major life activities include self-care, performing manual tasks, seeing, hearing, speaking, breathing, learning, and walking. Section 504 covers only those persons with a disability who would otherwise be qualified to participate and benefit from the programs or other activities receiving federal financial assistance.

The U.S. Department of Education's regulation implementing Section 504 applies to preschool, elementary, secondary, postsecondary, vocational, and other programs and activities that receive or benefit from federal financial assistance. This regulation is found at 34 Code of Federal Regulations (CFR); Part 104. The U.S. Department of Education's Section 504 regulation prohibits discrimination against children and youth with disabilities in educational institutions receiving federal funds. Agencies that persist in acts of discrimination face the loss of federal funds.

Public Law 93-112 has been amended several times. In 1983, P.L. 98-221, the Rehabilitation Act Amendments of 1983, authorized several demonstration projects regarding the transition of youth with disabilities from school to work. In 1986, P.L. 99-506, the Rehabilitation Act Amendments of 1986, provided for programs in supported employment services for individuals with disabilities. The two most recent amendments are P.L 102-569, the Rehabilitation Act Amendments of 1992, and P.L. 103-73, the Rehabilitation Act Amendments of 1993. Regulations for these acts have not yet been proposed.

In order to receive technical assistance regarding the requirements of the U.S. Department of Education's Section 504 regulation, contact the U.S. Department of Education's **Office for Civil Rights** (OCR). OCR consists of administrative offices that are located at the U.S. Department of Education's headquarters in Washington, D.C., and 10 regional offices around the country.

#### Other Federal Laws Affecting Children and Youth with Disabilities

In addition to the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act, and the Perkins Act, other federal laws provide civil rights and service programs for children and youth with disabilities. The following is a general overview of some of these important laws.

#### State Laws Relating to Children and Youth with Disabilities

How states implement the requirements of federal laws is covered by the primary and basic source of law for the nation - the United States Constitution. Federal laws

passed by Congress must be based on the provisions of the Constitution. State constitutions and laws may go beyond what is provided in the federal law, as long as there is no conflict between them, and as long as state laws do not address areas reserved to the federal government, such as providing for the nation's defense. The major Constitutional provisions that are of importance to children and youth with disabilities are (a) those that provide for the spending of money to protect the general welfare, and (b) the 14th amendment, which provides that no states shall "deprive any person of life, liberty, or property, without the due process of law...nor deny...equal protection of the laws." It is important to remember that there is no constitutional provision requiring that the federal government provide education. The 10th amendment to the Constitution, states that "powers not delegated to the United States by the Constitution, nor prohibited to the States, are reserved to the States...." Therefore, all states have provided for public education, either by state constitution or state law or both. States are required under the due process and equal protection clauses of the 14th amendment to provide education on an equal basis and to provide due process before denying equal educational programming.

As you can see, most laws providing for public education are generally state and local rather than federal. Although some educational programs, such as Head Start and special education, are highly regulated by the federal government, education is a state function. It is important to remember that most federal laws and regulations that provide for educational programming establish minimum standards that states must follow for the delivery of services and programs in order to receive federal funds. Quite often, federal laws give flexibility to the states in implementing the programs or services established with federal funds. Laws and regulations regarding civil rights, on the other hand are much more firm and concrete.

Therefore, it is essential to become familiar with your state laws and regulations. Write to your state department of education for a copy of your state special education law; its regulations; and recent amendments, policy decisions, or court decisions related to the education of children and youth with disabilities. The resources listed at the reference section will also tell you where to obtain more information about IDEA and other federal laws. In addition, in order to receive federal funds for special education and related services under IDEA, every three years the state must have approved state plans to show that it intends to provide a free appropriate public education for all children and youth with disabilities. These plans must be made available to the public for review and comment before they are adopted and sent to Washington, D.C. Dates for review must be announced far enough in advance for parents and other interested persons to appear at hearings and express their views.

It is your right to see a copy of your state and local plans for educating children and youth with disabilities. For instance, you may need to know what your state's plan

says about education for children with multiple disabilities or about children in private schools and institutions, or about vocational education.

Finally, it is important to remember that laws provide a framework for policy and that regulations provide the specific requirements for implementing the policy. Where there are differences, inconsistencies, or ambiguities in interpretation or in implementation, the judicial system is responsible for resolving these disputes. Often, court decisions lead to changes in the law or in regulations. It is interesting to note that laws are not made by various branches of the system (legislative, executive, and judicial) in a vacuum. Often, laws are made by one branch in response to developments in other arenas. State and federal law are frequently interactive in this process. The development of special education law is an excellent example. It is likely that interaction among the various branches of government at both the federal and state levels in the development of special education law and the civil rights of individuals with disabilities will continue for some time.

In order to receive technical assistance regarding the requirements of the U.S. Department of Education's Section 504 Regulation, contact the U.S. Department of Education's **Office for Civil Rights** (OCR). OCR consists of administrative offices that are located at the U.S. Department of Education's Headquarters in Washington, D.C., and 10 regional offices around the country.

## Other Federal Laws Affecting Children and Youth with Disabilities

In addition to the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act, and the Perkins Act, other federal laws provide civil rights and service programs for children and youth with disabilities. The following is a general overview of some of these important laws.

# **USDA Federal Regulation – 7 CFR 210.10**

(1) Exceptions for medical or special dietary needs. Schools must make substitutions in lunches and after-school snacks for students who are considered to have a disability under 7 CFR part 15b and whose disability restricts their diet. Schools may also make substitutions for students who do not have a disability but who cannot consume the regular lunch or after-school snack because of medical or other special dietary needs. Substitutions must be made on a case by case basis only when supported by a statement of the need for substitutions that include recommended alternate foods, unless otherwise exempted by FNS. Such statement must, in the case of a student with a disability, be signed by a physician or, in the case of a student who is not disabled, by a recognized medical authority.

# **State Laws**

Chapter No. 933] PUBLIC ACTS, 2006 1 CHAPTER NO. 933 HOUSE BILL NO. 2442

By Representatives Moore, Sherry Jones, Hackworth, Marrero, Cobb, Eldridge, Favors, Brown, Rowe, Mike Turner, Harry Brooks, McCormick Substituted for: Senate Bill No. 2883

By Senators Haynes, Black, Finney, Beavers, Bowers, Bryson, Burchett, Burks, Cohen, Cooper, Crowe, Crutchfield, Ford, Fowler, Harper, Henry, Herron, Jackson, Ketron, Kilby, Kurita, Kyle, McLeary, McNally, Miller, Norris, Person, Ramsey, Southerland, Tracy, Williams, Woodson and Mr. Speaker Wilder

AN ACT to amend Tennessee Code Annotated, Section 49-5-415, relative to the incidents involving life-threatening food allergies in schools.

WHEREAS, Brentson Duke almost lost his life due to a food allergy; and WHEREAS, this legislation is a result of this life threatening incident; now, therefore, BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. This act shall be known and may be cited as "Brentson's Law".

SECTION 2. Tennessee Code Annotated, Section 49-5-415, is amended by adding the following language as a new subsection:

(f)

- (1) Not later than January 1, 2007, the Department of Education, in conjunction with the Department of Health, shall develop and make available to each LEA guidelines for the management of students with life-threatening food allergies. The guidelines shall include, but need not be limited to:
  - (A) Education and training for school personnel on the management of students with life-threatening food allergies, including training related to the administration of medication with a cartridge injector;
  - (B) Procedures for responding to life-threatening allergic reactions to food;
  - (C) Procedures for the maintenance of a file by the school nurse or principal for each student at risk for anaphylaxis;
  - (D) Development of communication strategies between individual schools and local providers of emergency medical services, including appropriate instructions for emergency medical response.
  - (E) Development of strategies to reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas such as the cafeteria;
  - (F) Procedures for the dissemination of information on life-threatening food allergies to school staff, parents, and students, if appropriate by law;

- (G) Procedures for authorizing school personnel to administer Epinephrine when the school nurse is not immediately available;
- (H) Procedures for the timely accessibility of Epinephrine by school personnel when the nurse is not immediately available;
- (I) Development of extracurricular programs such as nonacademic outings and field trips, before and after school programs, and school - sponsored programs held on weekends related to anaphylaxis;
- (J) Creation of an individual health care plan tailored to the needs of each individual child at risk for anaphylaxis, including any procedures for the selfadministration of medication by such children in instances where the children are capable of self-administering medication and where such selfadministration is otherwise in accordance with the provisions of this title; and
- (K) Collection and publication of data for each administration of Epinephrine to a student at risk for anaphylaxis.
- (2) Not later than July 1, 2007, each LEA shall implement a plan based on the guidelines developed pursuant to subdivision (1) for the management of students with life-threatening food allergies enrolled in the schools under its jurisdiction.

SECTION 3. Tennessee Code Annotated, Section 49-5-415(e), is amended by deleting subdivision (1)©(iii) and by substituting instead the following new subdivision thereto:

- (iii) A written statement from the student's physician or other licensed health care provider, signed by the physician or provider, that:
  - (a) Supports a diagnosis of anaphylaxis;
  - (b) Identifies any food or other substances to which the student is allergic;
  - (c) Describes, if appropriate, any prior history of anaphylaxis;
  - (d) Lists any medication prescribed for the child for the treatment of anaphylaxis;
  - (e) Details emergency treatment procedures in the event of a reaction;
  - (f) Lists the signs and symptoms of a reaction;
  - (g) Assesses the student's readiness for self-administration of prescription medication; and
  - (h) Provides a list of substitute meals that may be offered by school food service personnel.

SECTION 4. This act shall take effect upon becoming a law, the public welfare requiring it.

PASSED: May 25, 2006

APPROVED this 20th day of June 2006

Chapter No. 808] PUBLIC ACTS, 2002 1
CHAPTER NO. 808
SENATE BILL NO. 2525
By Ramsey, Haun, Cohen, Cooper, McNally, Burks
Substituted for: House Bill No. 2105
By Black

AN ACT To amend Tennessee Code Annotated, Title 49, Chapter 5 and Title 68, Chapter 140, Part 5, relative to administration of glucagon in emergency situations. BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 49-5-415, is amended by redesignating subsections (a) (1) - (6), (b), (c), and (d) to be subdivisions (a) (1)(A)- (F), (2), (3), and (4), respectively, and by adding a new subsection (b), as follows:(b) In addition to the assistance with self-administration of medications provided for in subsection (a), school personnel who volunteer under no duress or pressure and who have been properly trained by a registered nurse employed or contracted by the local education agency may administer Glucagon in emergency situations to a student based on that student's individual health plan (IHP). However, if a public school nurse is available and on site, the nurse shall provide this service to the student. The public school nurse employed or contracted by the local education agency shall be responsible for updating and maintaining each IHP. The Department of Health and the Department of Education shall jointly amend current Guidelines for Use of Health Care Professionals and Health Procedures in a School Setting to reflect the appropriate procedures for use by registered nurses in training volunteer school personnel to administer Glucagon. The Board of Nursing must be afforded the opportunity to review and comment on the guidelines before they take effect and any training begins. The guidelines developed must be used uniformly by all local education agencies which choose to allow volunteer school personnel to administer Glucagon. Training to administer glucagon shall be repeated annually and competencies shall be documented in the employee's personnel file. The provisions of subsection (a)(3) of this section regarding protection from liability shall apply also to the volunteers who provide services pursuant to this subsection and the registered nurses who provide their training.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.

2 PUBLIC ACTS, 2002 [Chapter No. 808

PASSED: May 29, 2002

APPROVED this 11th day of June 2002

# References

Ballard, J., Ramirez, B. A., & Weintraub, F. J. (1982). *Special education in America: Its legal and governmental foundations*. Reston, VA: Council for Exceptional Children.

Ballard, J., Ramirez, B. A., & Zantal-Weiner, K. (1987). *Public Law 94-142, Section 504, and Public Law 99-457: Understanding what they are and are not.* Reston, VA: Council for Exceptional Children.

Braddock, D. (1987). Federal policy toward mental retardation and developmental disabilities. Baltimore, MD: Paul H. Brookes Publishing Company.

Carl D. Perkins Vocational Education Act, 20 U.S.C. Sections 2331-2342.

Code of Federal Regulations (C.F.R.): Title 34; Education; Parts 1 to 499, July 1986. Washington, DC: U.S. Government Printing Office.

DeStefano, L., & Snauwaert, D. (1989). *A value-critical approach to transition policy analysis*. Champaign, IL: University of Illinois, Secondary Transition Intervention Effectiveness Institute.

Developmental Disabilities Assistance and Bill of Rights Act, 42 U.S.C. Section 6012.

Education of the Handicapped Act, 20 U.S.C. Sections 1400-1485.

Farrar, D. (1991). Federal policy on vocational education for exceptional students: Q & A guide to the Carl D. Perkins Act of 1990. Reston, VA: Council for Exceptional Children.

Gerry, M. (1987). Procedural safeguards insuring that handicapped children receive a free appropriate public education. *News Digest*, 7, 1-8.

Lillie, D. L., & Place, P. A. (1982). *Partners: A guide to working with schools for parents of children with special instructional needs*. Glenview, IL: Scott, Foresman and Company.

*Mills v. Board of Education of the District of Columbia*, 348 F. Supp. 866 (D.D.C. 1972).

Office of Special Education and Rehabilitative Services. (1988). Summary of

existing legislation affecting persons with disabilities. Washington, DC: Clearinghouse on Disability Information. (An updated edition of this book is available from the Clearinghouse on Disability Information, Office of Special Education and Rehabilitative Services, 330 C Street, SW, Room 3132, Switzer Bldg., Washington, DC 20202-2319.)

Pennsylvania Association for Retarded Citizens v. Commonwealth of Pennsylvania, 334 F. Supp. 1257 (E.D. Pa. 1971), Consent Agreement.

Public Law 93-112, Section 504, Rehabilitation Act., U.S. Department of Labor

Public Law 99-372, Handicapped Children's Protection Act of 1986.

Public Law 100-407, Technology-Related Assistance for Individuals with Disabilities Act of 1988.

Public Law 101-127, Children with Disabilities Temporary Care Reauthorization Act of 1989.

Public Law 101-336, Americans with Disabilities Act of 1990.

Rehabilitation Act of 1973, 29 U.S.C. Section 701-794.

USDA Federal Regulation – 7CFR 210.10

Rothstein, L. F. (1990). *Special education law*. White Plains, NY: Longman. (A second edition of this book is available from Longman, 95 Church St., White Plains, NY 10601.)

U.S. Department of Education. (1995). Seventeenth annual report to Congress on the implementation of the Individuals with Disabilities Education Act. Washington, DC: Author. (Available from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.)

U.S. General Accounting Office. (1989). *Special education: The attorney fees provision of Public Law 99-372*. Washington, DC: Author.

Scott H. Sicherer Md, (January 15, 1999): Manifestation of food allergy: Evaluation and Management

Vincent Sr. Aubyn Crump, FRCP (UK): Food Allergy In Children.

U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Allergy and Infectious Diseases, NIH publication No. e4-5518, July 2004.,www.niaid.nih.gov, www.niaid.gov/publication/pdf/Food allergy.pdf

American Academy of Allergy Asthma and Immunology, 555 East Wells Street, Suite 1100, Milwaukee, WI 53202-3823, <a href="https://www.aaaai.org">www.aaaai.org</a>

Nursing 2006, Drug Handbook 26th Edition, Lippincott Williams and Wilkins

Stedman Medical Dictionary 26th Education Williams and Wilkins

Massachusetts Department of Education Managing Life Threatening Food Allergies In School, 350 Main Street, Malden, MA 02148, <a href="https://www.doe.mass.edu">www.doe.mass.edu</a>.

The Food Allergy and Anaphylaxis Network, 11781 Lee Jackson Hwy., Suite 160, Fairfax, VA. 22033, 1-800-929-4040

# **Training Material**

Please order and review all instructional tapes, videos and DVD's of THE SCHOOL FOOD ALLERGY PROGRAM NETWORK- a comprehensive program for managing food allergies at school. The publication/manual is required for all school systems and is produced by the Food Allergy and Anaphylaxis Network. <a href="https://www.foodallergy.org">www.foodallergy.org</a>

The School Food Allergy Program includes a video training manual, posters, etc. They may be ordered from:

The Food Allergy Network, 10400 Eaton Place, Suite 107, Fairfax, VA 22030 Contact person: Jay Ross (1-800-929-4040). www.foodallergy.org

Please state that you are a **school nurse** and give the **name of your school.** 

The entire document (Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting) will be stored in the websites listed below for duplication and review purposes.

http://www.tnschoolnurses.com

http://www.state.tn.us/education/

# **Appendix**

The sample forms included may be customized for your local education agency specifications.

### **Acknowledgements**

Many collaborators gave their time, energy and direction to guide the development of the **State of Tennessee Guidelines for Managing Life-Threatening Food Allergies in Tennessee Schools.** Special gratitude is extended to the following entities.

State of Massachusetts, Department of Education State of Tennessee, Department of Education State of Tennessee, Department of Health Tennessee Association of School Nurses (TASN) LeBonheur Community Outreach Tennessee Board of Nursing The Food Allergy Network

## Special gratitude is extended to the following Stakeholders, and we deeply appreciate the editorial contributions.

Theodora Pinnock, MD
Carolyn Lawhorn, RN, BSN, M.S.
Twila Jones-Robinson, RN
Kwame Bawuah, MPH
Connie Givens, B.S, M.Ed
Jerry Swaim, BS, MS
Melissa Blair, MS
Rubelyn Mays, MS, RD, LDN
Bonnie Thomas, MS, RD, LDN
Rita Scruggs, MS, RD
Liz Graves, RN, MSN, CFNP, NCSN

Barbara Duddy, TASN
Kellie Moths, Parent/ Advocate
Chris Taylor, FNP
Jodi Rankin, MSN, LeBonheur
Dr. Gail Beeman
Judy M. Womack, RN
Sarah C. White, MS
Vicki Johnson, RN, BSN
Cindy Hogg, RN
Lisa Kapellar, RN

Tennessee Association of School Nurses Nashville Metro School Nurses Tennessee Board of Nursing- Elizabeth Lund American Diabetes Association

#### **Legal Counsel to Review Guidelines**

Christy Ballard, Department of Education Kassie Wiley, Department of Health

#### **Web Resources**

Administration of Epinephrine for Life-Threatening Allergic Reactions in School Settings <a href="http://www.nim.nih.gov/medlineplus/foodallergy.html">http://www.nim.nih.gov/medlineplus/foodallergy.html</a>

American Academy of Allergy, Asthma and Immunology, Anaphylaxis in Schools and Other Child-Care Settings, available at <a href="http://www.aaaai.org/media/resources/academy statements/positionstatements/ps34.asp">http://www.aaaai.org/media/resources/academy statements/positionstatements/ps34.asp</a>

Daily med (current medication information) <a href="mailto:dailymed.nim.nih.gov/dailymed/druginfo.cfm?id=1163">dailymed.nim.nih.gov/dailymed/druginfo.cfm?id=1163</a>

Fact Sheets and Statistics from American Academy of Allergy, Asthma and Immunology (AAAAI) <a href="http://www.aaaai.org/patients/">http://www.aaaai.org/patients/</a> <a href="mailto:resources/fastfacts/foodallergy.stm">resources/fastfacts/foodallergy.stm</a>

Food Allergy and Anaphylaxis Network <a href="http://www.foodallergy.org">http://www.foodallergy.org</a>

Journal of Allergy and Clinical Immunology, March 2005, Supplement, The Diagnosis and Management of Anaphylaxis: An Updated Practice Parameter.

School Guidelines for Managing Students with Food Allergies, available at <a href="http://www.foodallergy.org/school.html">http://www.foodallergy.org/school.html</a>. The Food Allergy & Anaphylaxis Network. Adapted and printed with permission.

"The Use of Food by Teachers for Classroom Lessons", Food Allergy News (October-November 2003). Available at <a href="http://www.foodallergy.org">http://www.foodallergy.org</a>

U.S. Department of Food and Drug Administration, Center for a Food Safety and Applied Nutrition, information on food labeling, available at <a href="http://www.cfsan.fda.gov/-dms/wh-alrgy.html">http://www.cfsan.fda.gov/-dms/wh-alrgy.html</a>

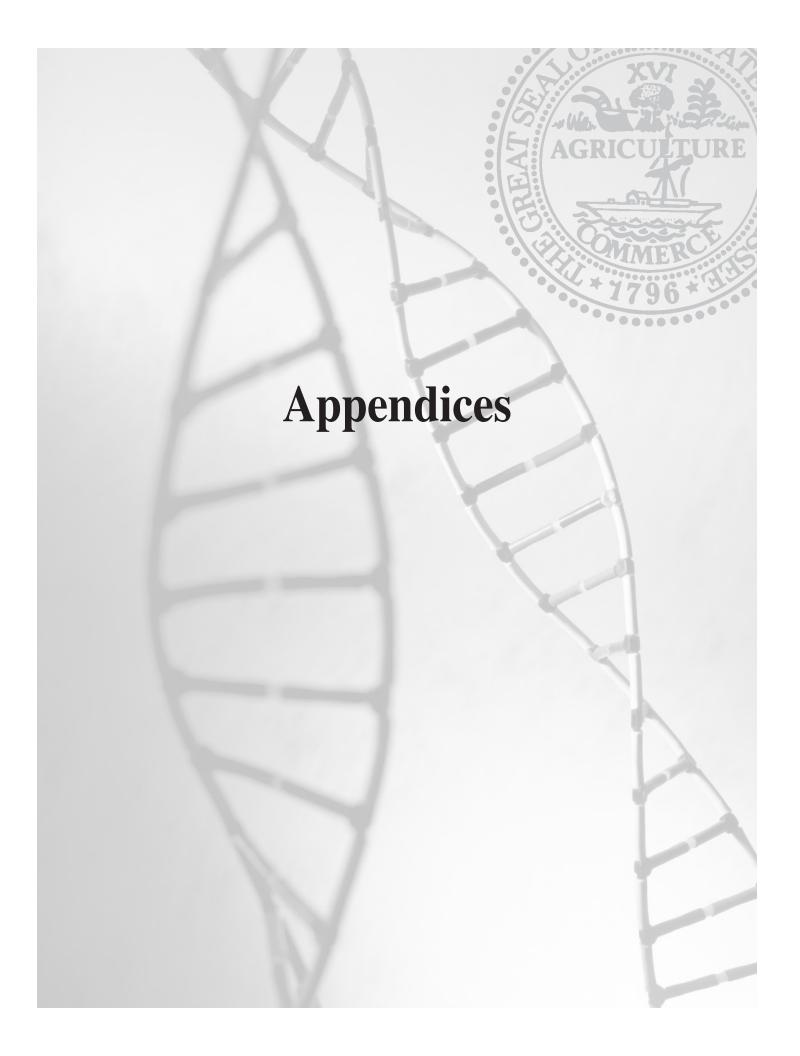
http://www.9seminars.co.nz/GPCME 2006 CDROM/Presentations

http://www.aaaai.org/patients/advocate/2006/fall/food.asp

www.twinject.com/hcp/anaphypdate.asp

The Department of Education- Section 504 Manual for Parents website: http://tennessee.gov/education/speced/doc/sesection504man.pdf

The Department's Office for Civil Rights website: Resources on federal and state civil rights laws: http://www.tennessee.gov/education/civilrights.shtml



## Appendix A Food Allergy Action Plan

Student's Name:	D.O.B
Teacher:	School:
ALLERGY TO:	
Asthmatic- Yes*	No *Higher risk for severe reaction
PHOTO If Available	
risk of anaphylaxis (	eat or handle this food, or any food containing this as an ingredient as there is a extremely severe allergic reaction). <b>IMPORTANT:</b> Asthma inhalers and/or ot be depended on to replace Epinephrine in anaphylaxis.
Please give if ingersymptoms are obsome mouth-ltching, to the Throat-ltching, to the Gut: Nausea, and Lung† Shortnessome Heart† Thready pother† If reaction is progonate severity of symposage To GIVE:	mptoms Then Administer the Medication as checked below. stion is known (without symptoms) OR if ingestion is SUSPECTED and erved.  ngling, or swelling of lips, tongue, mouth
	e one) Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg y per manufacturer's instructions- see page two
•	medication/dose/route
Other: give	1. 1. 1. 1
**Dosage determine	d by physician authorizing treatment
anaphylactic reactio	ENCY CALLS   cue Squad:) . State that a child is having an n, has been treated and additional Epinephrine may be needed. Phone Number:
3. Father	Home Phone
	Cell Phone
	Home Phone
	Cell Phonects to act in behalf of Parents:
	Phone Number(s)

## TRAINED STAFF MEMBERS Room Room Room Once ® or Twiniect™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours. For children with multiple food allergies, consider providing separate Action Plans for different foods. Directions ☐ Pull off gray activation cap.?? Hold black tip near outer thigh (always apply to thigh). ☐ Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the ® unit and massage the injection area for 10 seconds. \*dispose of syringe per LEA policy Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions ☐ Pull off green end cap, then red end cap. ☐ Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove. SECOND DOSE ADMINISTRATION: If symptoms don't improve after 10 minutes, administer second dose: ☐ Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base. ☐ Slide yellow or orange collar off plunger. ☐ Put needle into thigh through skin, push plunger down all the way, and remove. \*dispose of syringe per LEA policy The student has \_\_\_has not\_\_\_ been taught to self administer the Epi-Pen. In either case, assistance must be available during a reaction.

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY! We give permission for our child to be treated as deemed necessary for the condition described above.

Parent/Guardian Signature:	Date:	
_		
Nurse's Signature:	Date:	

#### Plan de emergencia contra alérgenos alimenticios Nombre del estudiante: \_\_\_\_\_ Coloque la Fecha de nacimiento: \_\_\_\_\_\_ Profesor: \_\_\_\_ foto del niño aquí. ALERGIA: Asmático Sí\* □ No □ \*Alto riesgo de sufrir una reacción alérgica grave Será determinado por el médico que autorice PASO 1: TRATAMIENTO el tratamiento. Síntomas: Administre el medicamento indicado\*\*: • Si ha ingerido un alérgeno alimenticio pero no aparecen síntomas: ☐ Epinefrina ☐ Antihistamínico picazón e inflamación en los labios, la lengua o boca ☐ Epinefrina ☐ Antihistamínico · Piel ronchas, erupción de la piel con picazón y/o ☐ Epinefrina ☐ Antihistamínico hinchazón en la cara o extremidades · Intestino náusea, retortijón abdominal, vómitos y/o diarrea ☐ Epinefrina ☐ Antihistamínico Garganta picazón y/o sensación de tirantez en la ☐ Epinefrina ☐ Antihistamínico garganta, ronquera y tos seca recurrente • Pulmón falta de respiración, tos repetitiva y/o respiración sibilante ☐ Epinefrina ☐ Antihistamínico Corazón pulso filiforme, desmayo, palidez, baja presión, piel azulada Otro ☐ Epinefrina ☐ Antihistamínico • Si la reacción avanza (afectando a varias de las áreas arriba mencionadas), administre ☐ Epinefrina ☐ Antihistamínico La gravedad de los síntomas puede cambiar rápidamente. \*Estos síntomas pueden progresar y poner en peligro su vida. Epinefrina: Inyecte el EpiPen, EpiPen Jr., o Twinject por vía intramuscular (indique uno). (Si desea consultar las instrucciones completas, lea al dorso). Antihistamínico: administre medicamento, dosis, vía de administración Otro: administre \_\_ medicamento, dosis, vía de administración PASO 2: LLAMADAS DE EMERGENCIA ◆ 1. Llame al 911 o al servicio público de ambulancias (Rescue Squad). Indique que la reacción alérgica ha sido tratada pero que puede ser necesaria una dosis adicional de epinefrina. 2. Dr. \_ 3. Contactos de emergencia: Nombre/Parentesco familiar Teléfonos 1.) \_\_\_\_\_\_ 2.) \_\_\_\_\_ 1.) \_\_\_\_\_\_ 2.) \_\_\_\_\_ 1.) \_\_\_\_\_\_ 2.) \_\_\_\_\_

#### NO VACILE EN SUMINISTRAR EL MEDICAMENTO O EN LLAMAR A UNA AMBULANCIA AUN CUANDO NO PUEDE LOCALIZAR A LOS PADRES O AL DOCTOR

Firma del padre o	Fecha			
Firma del doctor _	(Necesaria)	Fecha		
MIEMBROS DEL PERSONAL CAPACITADOS				
1	Sala			
2	Sala			
3	Sala			

Instrucciones Para El Uso Del Autoinyector Epipen® Y Epipen® Jr.

· Jale la tapa de seguridad gris.



 Coloque la punta negra sobre la parte exterior de su muslo (siempre inyecte sobre el muslo)



 Presione fuerte hacia adentro, en la parte exterior de su muslo, con un movimiento rápido hasta que funcione el mecanismo autoinyector del Epipen®. Sostenga el inyector en su lugar sin moverlo y cuente hasta 10. Luego retire el inyector EpiPen® y masajee la zona inyectada por durante 10 segundos. Twinject™ 0.3 mg y Twinject™ 0.15 mg Instrucciones:



- Tire del extremo de la tapa verde y luego tire del extremo de la tapa roja.
- Coloque la tapa gris sobre la superficie del muslo y presione firmemente hacia abajo hasta que la aguja penetre la piel. Manteniendo esta posición por 10 segundos y luego retírela.

#### **ADMINISTRACION DE LA SEGUNDA DOSIS:**

Si los síntomas no mejoran después de 10 minutos, administre la segunda dosis:

- Desenrosque la tapa gris y hale la jeringa desde su recipiente, sosteniéndolo por la banda azul a nivel de la base de la aguja.
- Remueva la banda amarilla o anaranjada del émbolo.
- Inserte la aguja dentro del muslo, a través de la piel, presionando el émbolo completamente hacia abajo y luego retírelo.





Después de usar el inyector EpiPen® o el Twinject™, llame al servicio público de ambulancias (Rescue Squad). Lleve la unidad usada a la sala de emergencia. Usted deberá permanecer en observación durante por lo menos 4 horas en la sala de emergencia.

Para los niños que son alérgicos a varios alimentos, utilice un formulario para cada alimento.

\*\*Lista de verificación de medicamentos adaptada del formulario Authorization of Emergency Treatment (Autorización para tratamientos de emergencia) desarrollado por la Mount Sinai School of Medicine (Escuela de medicina de Mount Sinai). Uso autorizado.



#### **Food Allergy Action Plan**

Student's Name:		D.O.B:	Teacher:			Place
ALLERGY TO:						Child's
Asthmatic Yes*	□ No □	*Higher risk for severe  STEP 1: TREAT	reaction			Picture Here
Symptoms:				Give Checke **(To be determined	d Medication	**: zing treatment)
<ul> <li>Mouth</li> <li>Skin</li> <li>Gut</li> <li>Throat†</li> <li>Lung†</li> <li>Heart†</li> <li>Other†</li> <li>If reaction</li> <li>The severity of sympth</li> </ul>	Hives, itchy rash, swel Nausea, abdominal cra Tightening of throat, he Shortness of breath, re Thready pulse, low blood is progressing (several toms can quickly change.)	d, but no symptoms: elling of lips, tongue, m ling of the face or extret mps, vomiting, diarrhea parseness, hacking coug petitive coughing, whee bod pressure, fainting, pa of the above areas affect Potentially life-threatening ircle one) EpiPen®	h zing ale, blueness ted), give g.	□ Epinephrine	☐ Antihistamin	ee ee ee ee ee ee
Antihistamine: g	rive	medication/dosea	route			
Other: give						
medication/dose/route  IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.  ◆STEP 2: EMERGENCY CALLS						
1. Call 911 (or Romay be needed.	escue Squad:	).	State that an alle	rgic reaction has l	been treated, and	additional epinephrine
2. Dr		Phor	ne Number:		at	
3. Parents		Phon	e Number(s)			
4. Emergency con Name/Relationship		Pho	ne Number(s)			
a		1.)_		2	2.)	
b		1.)_		2	2.)	
EVEN IF PARENT/	GUARDIAN CANNOT BE	REACHED, DO NOT HE	SITATE TO MEI	DICATE OR TAKE	CHILD TO MEDI	CAL FACILITY!
					e	
Doctor's Signature					e	

TRAINED STAFF MEM	BERS
1	Room
2	Room
3	Room

#### EpiPen® and EpiPen® Jr. Directions

Pull off gray activation cap.



 Hold black tip near outer thigh (always apply to thigh).



Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds. Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions



- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.



\*\*Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.

## Appendix B

Dear Substitute Teacher:
The students listed below in this class have severe life-threatening food allergies.
Please maintain the food allergy avoidance strategies that we have developed to protect these students.
Should a student ingest, touch or inhale the substance to which they are allergic, (the allergen), a severe reaction (anaphylaxis) may follow requiring the administration of Epinephrine (Epi-pen).
The Allergy Action Plan, which states who has been trained to administer Epinephrine, is located
Epinephrine is a life-preserving medication and should be given in the first minutes of a reaction.
STUDENT ALLERGIES
Please treat this information confidentially to protect the privacy of the students. Your cooperation is essential to ensure their safety. Should you have any questions, please contact
School Nurse
Principal

#### **Appendix C**

Knowing how to read a food label will help to avoid food allergy problems caused by ingredients in food. The following terms are "labels" for common foods.

You may find it helpful to keep these lists handy when you order foods.

The lists are updated frequently.

Contact The Food Allergy Network for current lists.

#### TERMS THAT INDICATE THE PRESCENCE OF COW'S MILK:

Artificial butter flavor

Butter, butter fat, butter oil

Buttermilk

Casein

Caseinates (ammonium, calcium, magnesium, potassium, sodium)

Cheese

Cream

Cottage Cheese

Curds

Custard

Ghee

Half & Half

Hydrolysates (casein, milk protein, protein, whey, whey protein)

Lactalbumin, lactalbumin phosphate

Lactoglobulin

Lactose

Lactulose

Milk (derivative, powder, protein, solids, malted, condensed, evaporated, dry, whole, low-fat, non-fat, skimmed and goat's milk)

Nougat

Pudding

Rennet casein

Sour cream, sour cream solids

Sour milk solids

Whey (in all forms, including sweet, delactosed, protein concentrate)

Yogurt

The letter "D" on the front label of a product indicates the product may contain cow's milk protein.

#### TERMS THAT MAY INDICATE PRESENCE OF MILK PROTEIN:

Chocolate

High protein flour

Luncheon meat, hot dogs, sausages

Margarine

Natural and artificial flavoring: Simplesse®

#### TERMS THAT MAY INDICATE THE PRESENCE OF EGG PROTEIN:

Albumin Macaroni
Egg (white, yolk, dried, powdered, solids) Mayonnaise
Egg substitutes Meringue
Egg Nog Ovalbumin
Globulin Ovomucin
Livetin Ovomucoid
Lysozyme (used in Eurpope) Simplesse®
Surimi

#### TERMS THAT INDICATE THE PRESENCE OF PEANUT PROTEIN:

Beer nuts

Cold pressed, expelled, or extruded

Peanut oil

Ground nuts

Mu-nuts

Nut pieces

Peanuts

Peanuts

Peanut butter

Mixed nuts

Peanut flour

Monkey nuts

African, Chinese, Indonesian, Thai and Vietnamese dishes

Natural and artificial flavoring Egg rolls
Hydrolyzed plant protein Hydrolyzed vegetable protein

Baked goods Candy Chocolate (candies, candy bars) Candy Nougat

Sunflower seeds

#### TERMS THAT INDICATE THE PRESENCE OF SOYBEAN PROTEIN:

Edamame Soy sauce

Hydrolyzed soy protein Soybean (granules, curds)

Miso Tamari Shovu Sauce Tempeh

Soy (albumin, flour, grits, milk, nuts, sprouts)

Textured vegetable protein (TVP)

Soy Protein (concentrate, isolate)

Tofu

Hydrolyzed protein

Natural and artificial flavoring

Vegetable gum

Vegetable starch

Vegetable broth

Marzipan

#### TERMS THAT INDICATE THE PRESENCE OF WHEAT PROTEIN:

Bran Gluten
Bread crumbs Satan
Bulgur Semolina
Cereal extract Spelt
Couscous Vital gluten

Cracker meal Wheat (bran, germ, gluten, malt)

Durum, durum flour

Farina

Whole wheat berries

Whole wheat flour

Flour (all purpose, enriched graham, high gluten, high protein, pastry, soft wheat)

Gelatinized starch

Modified starch

Soy sauce Natural and artificial flavoring

Starch Vegetable gum
Hydrolyzed vegetable protein Vegetable starch

Modified food starch

#### TERMS THAT INDICATE THE PRESENCE OF SHELLFISH PROTEIN:

Abalone Mussels Clams Octopus

Oysters Cockle (periwinkle, sea urchin)

Prawns Crab

Scallops Crawfish (crayfish, ecrevisse)

Shrimp (crevette) Mollusks

Snails (escargot) Lobster (Langouste, langousine)

Squid (calamari)

#### TERMS THAT INDICATE THE PRESENCE OF SHELLFISH:

Bouillabaisse Fish stock

Natural and artificial flavoring

Seafood flavoring (such as crab extract)

Surimi

#### TERMS THAT INDICATE THE PRESENCE OF PEANUT PROTEIN:

Baking powder Corn meal solids

CornCornmealCorn alcoholGritsCorn flourHominyCornstarchMaize

Corn sweetener

#### TERMS THAT INDICATE THE PRESENCE OF CORN PROTEIN:

Food starch
Vegetable gum

Modified food starch
Vegetable starch

#### Appendix D

Date:	
То:	The Parents/Guardian of Students with Food Allergies
From:	, RN School Nurse
	Food Service Director

Re: Food Allergy

A new State law was passed in Tennessee during 2006 that will impact how each school system responds to students with food allergies. Based on guidelines from the state Department of Education and Department of Health, each school system is required to develop an Emergency Allergy Response Plan that promotes the safety of these children.

Under this plan the school nurse develops an individualized health care plan (IHCP) for the student that includes an allergy action plan (AAP). This information will be shared with staff on a "need-to-know" basis only. The nurse will also coordinate the training of key school personnel in use of an injectable Epinephrine, recognizing food allergies and strategies to prevent exposure for those staff having close contact to the child.

The Emergency Allergy Response plan includes the following:

- A menu is available so that you know what is being served each week in your child's cafeteria allowing the opportunity for food substitutions
- An allergy free table may be available in the cafeteria for your child's use, if they choose
  to sit there
- The names of students needing an Epi-Pen are on file in close proximity to the emergency-first responder box.
- Classroom teachers, or the school nurse, will share information (do's and don'ts about food) with substitute teachers and with the class about your child's food allergy with your permission
- You always have the option of sending your child's lunch and snack to school with them if you prefer. Also you are invited but not required to participate in field trips

Please contact the school nurse before classes begin to give her the opportunity to address the needs of the child with food allergies. This will give her the opportunity to identify the food allergy based on documentation from your physician, share this information with the appropriate staff, obtain the Epi-Pen from you, and start formulating a plan of action if an allergic reaction should occur.

Sincerely,

Date:		
То:	Healthcare Providers	
From:	From: School Nurse	, RN
	Food Service Director	
respone Educat	ds to students with food a ion and Department of He	Tennessee during 2006 that will impact how each school system allergies. Based on guidelines from the State Department of ealth, each school system is required to develop an Emergency notes the safety of these children.
that inc know" l injectal	cludes an allergy action pl basis only. The nurse will	e develops an individualized health care plan (IHCP) for the student an (AAP). This information will be shared with staff on a "need-to- also coordinate the training of key school personnel in use of an ing food allergies and strategies to prevent exposure for those staff.
	es that is signed by the he	·
	• • •	diagnosis of anaphylaxis;  y food or other substances to which the student is allergic;
		f appropriate, any prior history of anaphylaxis;
		edication prescribed for the child for the treatment of anaphylaxis;
	•	rgency treatment procedures in the event of a reaction;
		ns and symptoms of a reaction;
	•	e student's readiness for self-administration of prescription
	hProvides a li personnel.	ist of substitute meals that may be offered by school food service
followir		ny of the students with food allergies. However, the parent of the their health care provider and we are requesting the information as
Studer	nt	
Date o	f Birth	
Forwa	rd the information to:	
ı Oıwal	a die ililoriliadori to	

Food Allergy Action Plan

# Food Allergy Alert

## **NO Peanuts or Shellfish**



Please Allow Teacher
To Check All
Foods Brought
Into Classroom